REPORT BY THE

AUDITOR GENERAL

OF CALIFORNIA

REPORT ON AUDIT OF HEALTH FACILITY DATA COLLECTION AND DISCLOSURE SYSTEMS

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STATE OF CALIFORNIA

OFFICE OF THE AUDITOR GENERAL

REPORT ON AUDIT OF HEALTH FACILITY DATA COLLECTION AND DISCLOSURE SYSTEMS

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June 3, 1985 P-496

Honorable Art Agnos, Chairman
Members, Joint Legislative
Audit Committee
State Capitol, Room 3151
Sacramento, California 95814

Dear Mr. Chairman and Members:

The Office of the Auditor General presents its report prepared by the Compass Consulting Group concerning the Office of Statewide Health Planning and Development's (OSHPD) plans to assume health facility reporting and disclosure responsibilities from the California Health Facilities Commission (CHFC). The Compass Consulting Group found that the OSHPD now appears to have an achievable plan for assuming these responsibilities but that the OSHPD must exercise greater commitment to project management. If the OSHPD's proposed data collection system is effectively implemented, the data collected by the OSHPD will be comparable to the data that is currently reported to the CHFC. The OSHPD's proposed disclosure policy, however, may delay data user access to individual facility data.

This audit was conducted to comply with Chapter 1326, Statutes of 1984.

Respectfully submitted,

THOMAS W. HAYES
for Auditor General

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SUMMARY

The Office of Statewide Health Planning and Development (OSHPD) now appears to have an achievable plan to assume health facility reporting and disclosure responsibilities from the California Health Facilities Commission (CHFC).* However, OSHPD must exercise greater commitment to project management, must do a better job of controlling work plan slippages and overruns, and must prepare a detailed plan for moving CHFC hardware, software, and all data bases. If OSHPD's proposed data collection system is effectively implemented, the data collected by OSHPD will be comparable to the data that is currently reported to CHFC. OSHPD's proposed disclosure policy, however, may slow data user access to individual facility data and other unpublished health facility data. OSHPD plans to continue CHFC's current level of technical assistance to data users, but will eliminate CHFC's research function and significantly reduce consumer education and outreach activities.

EQUIVALENCE OF PROPOSED REPORTING REQUIREMENTS

Chapter 1326, Statutes of 1984, hereinafter referred to as SB 181, transfers responsibility for CHFC's four data bases to OSHPD on January 1, 1986. As presently proposed, OSHPD's reporting system would be comparable to CHFC's current system. New health facility reports used by OSHPD to collect data will provide as much, if not more, useful information to users. In particular, all important data elements currently

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*Generally throughout the text of this audit, the term "reporting" is used to indicate documents sent by health facilities to CHFC and OSHPD, and the term "disclosure" is used to denote output documents prepared and distributed by CHFC and OSHPD.

collected under the Hospital Annual Financial Report will continue to be available under the new Hospital Integrated Disclosure and Medi-Cal Cost Report. Furthermore, reporting health facilities will continue to use CHFC's uniform accounting and reporting standards. Finally, data would be submitted to OSHPD within current deadlines as long as OSHPD exercises its discretionary authority to require long-term care facilities to submit a statement of financial position by the current deadline. The Legislature may wish to make this requirement explicit in statute.

Under OSHPD's most recent organizational plan, a new Data Unit would be created to house the health facility data collection and disclosure responsibilities OSHPD is scheduled to assume from CHFC on January 1, 1986. Data collection and processing activities would continue to be performed by CHFC staff currently responsible for these activities after their transfer to OSHPD. The proposed budget also provides funding for a Data Unit manager to provide overall supervision of data collection and disclosure. The new Data Unit would inherit CHFC's data processing system, including all hardware, software, and data bases. OSHPD's proposed staffing, systems capability, and organizational structure would provide technical expertise, systems capability, and dedicated FTE comparable to CHFC's current organizational structure and resources.

EQUIVALENCE OF PROPOSED DISCLOSURE POLICIES

In addition to collecting and processing health facility data, CHFC is responsible for disclosing the data it collects to the public. CHFC currently makes individual facility

and aggregate data available to the public in both publications and unpublished standard data output. CHFC staff also produce special data output in user-specified formats. In addition to making data available, CHFC staff provide technical assistance to data users, conduct research studies, and engage in other user education and consumer-oriented activities.

Document Sales staff within the Administration Division process requests for standard publications and data output. Document Sales staff are also responsible for recording requests for special data output and forwarding these requests to other CHFC staff. Policy Analysis and Research staff provide technical assistance to data users and respond to requests for special data output. This division is also responsible for the various research studies carried out by CHFC. Accounting and Reporting and Data Processing staff develop specifications for the published and unpublished data that is available to the public. Staff in these two divisions also provide technical assistance and respond to requests for special data output. Finally, Data Processing staff provide the systems support necessary for carrying out CHFC's disclosure activities.

SB 181 transfers responsibility for health facility data disclosure from CHFC to OSHPD effective January 1, 1986. Under OSHPD's most recent organizational and staffing plan, disclosure activities will be performed by selected CHFC staff currently responsible for these activities. All but one of CHFC's Data Processing staff and all current Discharge Data and Accounting and Reporting staff would be transferred to corresponding functions within the new Health Data Unit. All CHFC Document Sales staff would be transferred to the new Health Data Unit from CHFC's Administration Division. OSHPD would also create a Public Liaison function within the new Health Data Unit. This function would be staffed with three of the analysts currently

assigned to CHFC's Policy Analysis and Research Division. In addition to these three core staff, OSHPD may transfer in a systems analyst from another OSHPD unit to provide additional programming and data processing support. OSHPD intends to give Public Liaison staff overall responsibility for requests for technical assistance and special data output.

Under SB 181, OSHPD will carry out a more limited data disclosure program. OSHPD will no longer publish comparisons of individual facilities on selected data elements collected in annual disclosure and discharge data reports. OSHPD will also no longer publish data from annual disclosure and discharge data reports in geographic aggregations smaller than Health Facility Planning Areas (HFPAs). OSHPD will, however, continue to make this data available upon request but there may be an increase in the time it takes OSHPD to process requests for this and other unpublished data. In addition to limiting the publication of data, OSHPD will eliminate the current CHFC research function. According to our user survey CHFC research reports are presently used most frequently by health planners and purchasers of health care services. OSHPD will also significantly reduce user education and consumer outreach activities. In addition, OSHPD may limit production of special data output; and output that is produced may be available on a less timely basis and at a higher cost.

OSHPD's proposal to give Public Liaison staff overall responsibility for requests for technical assistance and special data output could result in duplications in work effort and delays in processing of requests. In order to avoid these negative effects, OSHPD should 1) coordinate the activities of Document Sales staff and Public Liaison staff and 2) formalize procedures for recording and processing requests for special data output. OSHPD should also implement a tracking system for special data requests

that will help OSHPD make more accurate estimates of the time required to process these requests. Finally, OSHPD should minimize the time required to fill requests for unpublished data by producing multiple copies or computer printouts in anticipation of future requests.

ANALYSIS OF IMPLEMENTATION METHODOLOGY AND ASSESSMENT OF IMPLEMENTATION STATUS

OSHPD's original implementation work plan called for total consolidation of all OSHPD and CHFC health facility data collection and reporting activities by January 1, 1986. Under the present two-phase work plan, only those tasks necessary for the successful movement of CHFC staff and equipment to OSHPD will be completed by January 1, 1986. Deadlines for systems modifications which do not need to be completed by January 1 are scheduled for completion at later dates throughout 1986 and 1987. More extensive modifications to hospital accounting and reporting systems have also been postponed until sometime in 1986.

OSHPD's work plan lists the general tasks that must be performed in order for OSHPD to successfully implement SB 181. At OSHPD's request, CHFC has prepared a separate detailed work plan for certain major tasks identified in OSHPD's general work plan. If effectively implemented, the combined OSHPD-CHFC work plan would result in the successful physical movement of CHFC staff and equipment to OSHPD by January 1, 1986. The work plan also sets appropriate deadlines for systems modification tasks which must be completed in different stages throughout 1986 and 1987.

OSHPD's SB 181 implementation project has, however, experienced a pattern of numerous overruns and slippages. OSHPD must avoid future overruns and slippages in order to be ready to assume responsibility for data collection and disclosure activities by January 1, 1986 or process data collected on revised reporting forms. A greater commitment to project management and coordination is required for the successful implementation of SB 181 data collection and reporting requirements.

INTRODUCTION

At the request of the Auditor General, Compass Consulting Group conducted this audit to determine: 1) "whether the system of reporting and disclosure of health facility data enacted in [Chapter 1326, Statutes of 1984 (SB 181)] is equivalent to the requirements existing on December 31, 1984," and 2) "whether the system enacted by (SB 181) will be sufficiently developed to replace the existing system on January 1, 1986."

Legislative Background

The California Health Facilities Disclosure Act requires all acute care hospitals and long-term care facilities in the state to file public disclosure reports with the California Health Facilities Commission (CHFC), an independent commission authorized under the Act. In 1982, the Legislature enacted Chapter 329 (AB 3480) abolishing CHFC effective January 1, 1986. In order to preserve CHFC's data base, the Legislature later passed the Health Data and Advisory Council Consolidation Act, Chapter 1326, Statutes of 1984 (SB 181). This law designates the Office of Statewide Health Planning and Development (OSHPD) as the single state agency responsible for collecting and processing health facility data, effective January 1, 1986. SB 181 also contains a number of other requirements to consolidate and streamline the present system for reporting and disclosing* health facility data.

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*Generally throughout the text of this audit, the term "reporting" is used to indicate documents sent by health facilities to CHFC and OSHPD, and the term "disclosure" is used to denote output documents prepared and distributed by CHFC and OSHPD.

In addition, Section 11 of SB 181 provides the Auditor General with a broad mandate to "advise the Legislature on whether the system of reporting and disclosure enacted in [SB 181] is equivalent to the reporting and disclosure requirements of the California Health Facilities Disclosure Act as it existed on December 31, 1984." This study is to include "a determination whether the system enacted in this act is sufficiently developed or is not sufficiently developed to replace the existing system of reporting and disclosure by January 1, 1986." This audit was conducted for the Auditor General pursuant to that mandate.

Scope and Methodology

In evaluating the equivalence of reporting and disclosure systems, Compass conducted four separate audits:

- An Assessment of the Equivalence of Data Collection Systems
- An Assessment of the Equivalence of Data Disclosure Systems
- An Assessment of the Effect on Data Users of Differences in Data Collection and Disclosure Systems
- An Assessment of OSHPD's Readiness to Assume Data Collection and Disclosure Responsibilities

Equivalence of Data Collection Systems. The scope of this audit was limited to the following tasks:

- A comparison of data elements collected by CHFC on December 31, 1984, and data elements to be collected by OSHPD

- A comparison of current and proposed deadlines for submission of health facility data

- A determination as to whether health facilities would continue to report data according to the present uniform accounting and reporting standards

- A comparison of current and proposed organization and staffing of data collection activities

This audit did not address proposed changes in operating procedures (such as edit procedures and sanctions for failure to meet reporting deadlines), differences in current and proposed budgets for operating expenses for data collection activities, increases or decreases in reporting burdens for health facilities, or the comparative roles of Commissioners and advisory committee members in developing data collection policies and procedures.

Audit team members assessing the equivalence of data collection systems performed a desk review of relevant documents, including the Health Data and Advisory Council Consolidation Act, the proposed Hospital Integrated Disclosure and Medi-Cal Cost Report, OSHPD's side-by-side comparison of current and proposed data elements

collected under the report, and OSHPD's January report on proposed data reporting requirements. Audit team leaders also interviewed OSHPD staff involved in the development of proposed reporting forms and data collection policies and CHFC staff responsible for key data collection activities.

Equivalence of Data Disclosure Systems. There has been a great deal of discussion over the proper scope of the Auditor General's inquiry into the equivalence of data disclosure systems. A narrow definition of scope would limit the equivalence inquiry to only those requirements that are expressly mandated by the two statutes. Under a broader definition of scope, the audit would also address the equivalence of additional activities pursued under the discretionary authority provided under each statute. The Request for Proposal issued for the audit by the Auditor General incorporates this second, broader definition of scope. The Auditor General's position is supported by the broad scope of data collection and disclosure activities covered during the October 25, 1984 Interim Hearings on Hospital Cost Disclosure in California. These hearings were held by the Assembly Committee on Health for the express purpose of providing "a frame of reference to the Auditor General in his review of the effect of [SB 181] on hospital disclosure in California."

In keeping with this broader definition of equivalence, this audit included the following tasks:

- A comparison of proposed OSHPD publications with CHFC publications on December 31, 1984 (including planned publications approved by the California Health Facilities Commission on that date)

- A comparison of other unpublished data currently made available to the public upon request and unpublished data OSHPD is proposing to make available to the public

- A comparison of current and proposed procedures for responding to requests for published and unpublished data

- A comparison of technical assistance currently available to data users and technical assistance that will be available from OSHPD

- A comparison of current and proposed research activities and user education and outreach efforts

- A comparison of CHFC personnel assignments and proposed OSHPD staffing plans

This audit did not address differences in current and proposed budgets for operating expenses for data disclosure activities, or the role of Commissioners and advisory committee members in developing data disclosure policies and procedures.

Audit team members assessing the equivalence of data disclosure systems performed a desk review of relevant documents, including the Health Data and Advisory Council Consolidation Act (SB 181) and OSHPD's May 3 Report to the Legislature on Health Facility Data Disclosure. (A copy of this report is included as Appendix A.) Audit team members also interviewed OSHPD staff involved in the development of proposed disclosure policies and CHFC staff responsible for key data disclosure activities.

Effect on Data Users of Proposed Changes in Data Collection and Disclosure. This audit was conducted to determine whether the data available under OSHPD's proposed data collection and disclosure system will meet the needs of current users of CHFC data. The scope of this inquiry was limited to the following tasks:

- The identification of currently collected data elements that will not be collected by OSHPD, and an assessment of the effect these deletions will have on current users of these data elements

- A determination as to whether OSHPD's proposed policies for making unpublished data available to the public will be sufficient (in terms of content, format, lag time in receiving data, and cost of data) to meet the needs of current users of this data

- A determination as to whether proposed data collection and disclosure procedures provide an unfair advantage to any user group, particularly users that have computer capability to analyze health facility data on magnetic tape or diskette

Audit team members identified needs of current data users by reviewing correspondence to OSHPD from CHFC data users and public testimony given by data users at the 1984 Interim Hearings on Hospital Cost Disclosure in California. Audit team members collected additional information on user needs by interviewing current data users. Team members completed a total of 10 on-site user surveys and 28 telephone surveys. (Appendix D summarizes the results of key survey questions.)

Interviewees represented a broad range of different kinds of data users geographically located throughout the state. Whenever possible, preference was given to users with little or no computer capability or experience. This selection criterion was chosen to maximize input from users who would be disadvantaged by a disclosure policy emphasizing computer capability. To facilitate the accurate and efficient documentation of interviews, audit team members recorded responses on a survey document. (A copy of the survey instrument is included in Appendix E.) The questionnaire covered a broad range of issues in order to provide a flexible data base that would continue to be useful as collection and disclosure policies evolved. Closed-ended survey responses were coded for computer tabulation using the statistical analysis system (SAS). Open-ended questions were tabulated manually.

Assessment of Readiness to Assume Data Collection Responsibilities. Audit team members reviewed OSHPD's implementation activities to determine whether OSHPD would be able to assume responsibility for data collection and disclosure activities from CHFC on January 1, 1986. Team members evaluated OSHPD's implementation methodology and work plan for completeness, consistency, feasibility, and presence of contingency plans in the event of slippages in meeting deadlines. Audit team members also reviewed completed and scheduled implementation activities to identify overdue tasks, slippages in task completion dates, and other variances from the work plan.

Other Limitations on the Scope of This Audit. It is important that the reader be aware of one other basic limitation on the scope of this audit. Auditors are usually called upon to review past events and final documents. To meet the completion date for this audit, however, auditors reviewed materials (some still stamped "draft") and interviewed key participants only five or six months into a dynamic project. Some of

the project tasks are not scheduled to occur until 1986 or 1987. Therefore, many audit findings are based upon OSHPD statements of future intentions, rather than historical facts or accomplishments which could be audited independently and objectively.

Organization of Findings. Findings concerning the equivalence of data collection systems are presented below in Chapter I. Findings concerning equivalence of disclosure activities are discussed in Chapter II. Chapters I and II also address possible effects on data users resulting from differences in data collection and disclosure activities. Findings on implementation methodology and implementation status are included in Chapter III. Chapter IV presents the audit team's conclusions and recommendations.

CHAPTER I

EQUIVALENCE OF REPORTING REQUIREMENTS: CALIFORNIA HEALTH FACILITIES COMMISSION AND OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

The health facility data that OSHPD is currently planning to collect under SB 181 would be comparable to the data that is currently collected by CHFC. In addition, the organizational structure, staffing, and systems capability OSHPD is proposing for data collection activities would be comparable to CHFC's current organizational structure and resources.

OSHPD'S PROPOSED IMPLEMENTATION OF SB 181 REPORTING REQUIREMENTS WOULD RESULT IN COMPARABLE REPORTING OF DATA

Existing legislation transfers responsibility for CHFC's four data bases to OSHPD on January 1, 1986. As presently proposed, OSHPD's data bases would continue to include all important data items currently reported. In addition, OSHPD's proposed system would retain current submission deadlines and accounting and reporting standards. If OSHPD's proposed data collection system is effectively implemented, the data collected by OSHPD will be comparable to the data that is currently reported to CHFC.

CHFC Reporting Requirements

CHFC currently collects health facility data from 594 acute care hospitals and 1,192 long-term care facilities in California. In reporting data to CHFC, health facilities are required to use uniform accounting and reporting standards which CHFC has developed. Health facilities currently file the following four reporting forms with CHFC:

- The Quarterly Hospital Financial and Utilization Report collects individual hospital summary financial and utilization data from all hospitals on a quarterly basis. Information is collected for twelve specific data items, including: licensed beds, available beds, staffed beds, discharges, patient days, outpatient visits, total operating expenses, gross inpatient and outpatient revenue, total deductions from revenue, total capital expenditures, fixed assets net of accumulated depreciation, and physician professional component expenses (optional).

- The Hospital Annual Financial Report collects detailed cost, financial, service, and statistical information from all acute care hospitals in California on an annual (facility fiscal year) basis. This data base is much more comprehensive than the quarterly program. Information collected includes type of ownership, number of beds, services inventory, utilization statistics, balance sheet, long-term debt information, changes in equity, income statement, summary of revenues and costs by cost center and natural classification, summary of revenues by payor, allocation of

nonrevenue-producing center costs to revenue-producing center costs, and employee wage rates and productive hours by employee classification and cost center.

- The Long-Term Care Facility Annual Financial Report collects detailed financial and statistical data on an annual (facility fiscal year) basis from all skilled nursing and intermediate care facilities. Information collected includes revenue and days by payor, expenses by cost center, wages and hours by employee classification, and key financial statements.

- The Hospital Discharge Abstract Data Record collects 16 key data elements for all patients discharged from California hospitals. Data elements collected include date of birth, sex, race, zip code, admission date, source of admission, type of admission, discharge date, principal diagnosis, other diagnoses, principal procedure and date, other procedures and dates, total charges, disposition of patient, and expected principal source of payment.

Proposed OSHPD Reporting System

Section 443.30 of SB 181 designates OSHPD as the single state agency responsible for collection of health facility data. OSHPD will assume responsibility for all four of CHFC's data bases on January 1, 1986. Section 443.30(b) of SB 181 directs OSHPD to "consolidate any and all" of the health facility reports currently required by CHFC, OSHPD, and Medi-Cal "to the extent feasible, to minimize the reporting burden on

hospitals." Pursuant to this mandate, OSHPD has combined the CHFC Annual Hospital Disclosure Report and the Medi-Cal Cost Report into the Hospital Integrated Disclosure and Medi-Cal Cost Report. SB 181 also requires OSHPD to collect additional data elements under the Quarterly Hospital Financial and Utilization Report. Section 443.10(e) of the Act prohibits OSHPD from making further additions or deletions in that report without prior authorizing legislation. The same section of the Act prohibits OSHPD from making unauthorized additions or deletions to the Hospital Discharge Abstract Data Record. SB 181 requires health facilities to continue to report data according to the uniform accounting and reporting standards established by CHFC. SB 181 also incorporates all but one of the current deadlines for submitting health facility data. Instead of incorporating the current deadline for submittal of the statement of financial position by long-term care facilities, section 443.31 of the Act requires submission of the data "at such times as [OSHPD] shall require."

After reviewing OSHPD's proposed changes to the current CHFC health facility reporting system, the audit team has concluded that the data bases that will be maintained by OSHPD will be comparable to existing data bases. The audit team based this conclusion on the following observations.

- First, health facilities will continue to report data according to current uniform accounting and reporting standards.

- Second, no changes will be made to the forms and instructions currently used to collect Long-Term Care Facility Annual Disclosure Data. Furthermore, OSHPD plans to continue to require each long-term care facility to submit a statement of financial position within the current deadline.

- Third, additional elements that will be collected on the Hospital Quarterly Disclosure Report will provide more, not less, useful information; and no changes will be made to the data elements collected under the Hospital Discharge Abstract Data Record. Furthermore, OSHPD cannot make further additions or deletions in the data elements collected under these two reports without prior authorizing legislation.

- Finally, all currently collected data elements that are important to users of annual health facility disclosure data will continue to be available under the Hospital Integrated Disclosure and Medi-Cal Cost Report. In making this determination, we first identified each currently collected data element that will no longer be collected under the integrated report. We then identified those deleted data elements that 1) were readily available from alternative sources or 2) could be calculated from other collected data. We next reviewed those data elements which were important to groups and individuals testifying at the October 25, 1984 Interim Hearing on Hospital Cost Disclosure in California. (This hearing was held by the Assembly Committee for the express purpose of providing a frame of reference to the Auditor General in his review of the effect of

SB 181 on health facility data collection and disclosure in California.) We also reviewed all data elements identified as important by individuals participating in our extensive user interviews. Finally, we reviewed data elements identified as important in correspondence received by OSHPD from current health facility data users. Based on these reviews, we believe that any important data elements no longer collected under the integrated report can be calculated from other collected data, or can be readily obtained from other sources. All important data elements currently captured by CHFC will, therefore, continue to be available to data users. (Appendix A contains a listing of all deleted data elements and additional information on the effect each deletion would have on current users of these data elements.)

OSHPD'S PROPOSED ORGANIZATION PLAN PROVIDES THE RESOURCES AND ORGANIZATIONAL STRUCTURE NECESSARY FOR OSHPD TO ASSUME DATA COLLECTION RESPONSIBILITIES

OSHPD plans to create a new unit to house the CHFC data collection and disclosure functions which it is scheduled to assume on January 1, 1986. Under OSHPD's proposed plan, CHFC staff currently responsible for data collection and processing would be transferred to OSHPD and would continue to perform these activities. Data processing equipment presently used by CHFC would also be transferred to OSHPD. If implemented as currently proposed, OSHPD's organizational structure and data collection staffing and systems capability would be comparable to CHFC's current organizational structure and resources.

CHFC Staffing, Organization, and Systems Capability

CHFC has approximately 90 permanent and temporary staff members. CHFC staff are organized into five divisions and a Public Liaison Office. The five divisions are: Accounting and Reporting (financial and utilization data), Discharge Data, Data Processing, Policy Analysis and Research, and Administration. CHFC data collection activities are currently shared by the Data Processing, Accounting and Reporting, and Discharge Data Divisions. The Data Processing Division provides the systems support required for the maintenance of all four data bases. The Accounting and Reporting Division and the Discharge Data Division are responsible for programmatic functions relating to CHFC's four data bases. Both divisions also produce technical report manuals and newsletters with information useful to reporting facilities.

Proposed OSHPD Staffing, Organization, and Systems Capability

Under OSHPD's most recent organizational plan, a new Data Unit would be created within OSHPD to perform SB 181 data collection and disclosure activities. (Appendix C contains a chart showing OSHPD's proposed organization and staffing for SB 181 data collection and disclosure activities.) OSHPD is proposing to staff the data collection functions of this new unit with CHFC program and data processing staff. Under the Administration's recommended budget for FY 1985-1986, OSHPD would absorb all program staff in CHFC's Accounting and Reporting and Discharge Data Divisions and all but one of the systems analysts and operators in the Data Processing Division. The Administration's recommended budget also provides funding for a Data

Unit manager to provide overall supervision of data collection and disclosure activities.

Under OSHPD's proposed implementation plan, the new Data Unit would also inherit CHFC's data processing system, including all hardware, software, and data bases. Additional back-up systems support would continue to be available through the Health and Welfare Data Center.

CHAPTER II

EQUIVALENCE OF DISCLOSURE ACTIVITIES

SB 181 transfers responsibility for health facility data disclosure from CHFC to OSHPD effective January 1, 1986. Under SB 181, OSHPD will carry out a more limited disclosure program. OSHPD will no longer publish comparisons of individual facilities on selected data elements collected in annual disclosure and discharge data reports. OSHPD will also no longer publish data from annual disclosure and discharge data reports in geographic aggregations smaller than Health Facility Planning Areas (HFPAs). OSHPD will continue to make this data available upon request; however, there may be an increase in the time it takes OSHPD to process requests for this and other unpublished data. In addition to limiting the publication of data, OSHPD will eliminate the current CHFC research function. According to our user survey, CHFC research reports are presently used most frequently by health planners and purchasers of health care services. OSHPD will also significantly reduce user education and consumer outreach activities. In addition, OSHPD may limit production of special data output, and special output that is produced may be available on a less timely basis and at a higher cost.

CHFC Disclosure Activities

In addition to collecting and processing health facility data, CHFC makes data available to the public from the four data bases discussed in the previous chapter: the Discharge Data Program, both the Quarterly and Annual Hospital Disclosure

Programs, and the Long-Term Care Disclosure Program. Data is currently available for both individual facilities and aggregations of facilities by geographic location and facility type or class. CHFC prepares bound publications containing selected data elements. CHFC also makes additional, unpublished data available to the public upon request. This unpublished data is available in both standard and user-specified formats. CHFC also produces a number of special reports providing further analysis of the data base and provides general and technical assistance to data users. CHFC staff also conduct research studies and engage in a variety of user-education and consumer outreach activities.

Published Data. CHFC prepares the following bound publications containing tables which compare individual facilities on selected data elements. Within each table, facilities are listed individually by Health Facility Planning Area (HFPA) and Health Systems Agency (HSA).

- Individual Hospital Data (QRIH) (quarterly data)
- Individual Hospital Financial Data for California (annual data)
- Individual Long-Term Care Facility Financial Data for California
- Individual Hospital Discharge Data for California
- Patient Origin and Market Share Data for California

CHFC also prepares the following bound publications which include both individual facility data and aggregations of data for all health facilities within a particular geographic area (state, health service area, health facility planning area, zip code) and class (peer group, type of control, type of care, payor, diagnostic and procedure grouping, geographic origin, type of admission):

- Aggregate Hospital Data (QRAH)
- Aggregate Hospital Financial Data for California
- Aggregate Long-Term Care Facility Financial Data for California
- Aggregate Hospital Discharge Data for California
- Aggregate Hospital Discharge Data Summaries

CHFC will also release two additional discharge data publications for the first time before the end of 1985:

- Hospital Utilization and Charges by Diagnosis-Related Group
- Hospital Utilization and Charges for Frequent Surgeries

These discharge data publications contain both individual facility data and aggregate data. Both publications were approved by the California Health Facility Commission prior to December 31, 1984.

Unpublished Data. CHFC currently makes a wide variety of unpublished data available to the public upon request. For example, anyone wishing to have a copy of CHFC's discharge data base can obtain a copy of tapes submitted by hospitals in lieu of hard copy reporting forms. Copies of discharge data tape submittals are made available to the public after CHFC has edited out confidential patient information. In the case of financial and utilization data (Quarterly and Annual Hospital Financial Reports and Long-Term Care Financial Reports), users can obtain a copy of the actual reports submitted by each facility or a computer-generated facsimile of the submitted report. CHFC also produces a master tape of all data reported by each facility during a particular reporting cycle. This tape is produced and made available to the public after all reports for the reporting cycle have been edited and compiled. (Information

on data elements collected on CHFC's four reporting forms is provided above at the beginning of Chapter I.)

In addition to obtaining copies of actual reports and tapes submitted by facilities, users can also obtain summaries of the information included in each report or tape. These summary reports include additional calculations, ratios, and other data supplied by CHFC. The following summary reports are currently made available from CHFC:.

- Summary Individual Hospital Reports (QRIS) are available for all Quarterly Hospital Financial and Utilization Reports submitted CHFC. Additional data elements supplied by CHFC include expense and revenue per day and per discharge. The QRIS also includes facility-specific data for the current year quarter (and year-to-date) and percentage change from the prior year quarter (and year-to-date).

- Commission Individual Hospital Reports (CIHR) are available for all Hospital Annual Financial Reports submitted to CHFC. Additional data elements supplied by CHFC include expenses per patient per day, per discharge, and per outpatient visit; occupancy rates; distribution of employees; average length of stay; and profitability ratios for various services.

- Commission Individual Long-Term Care Facility Reports (CIFR) are available for all Long-Term Care Facility Annual Financial Reports submitted to CHFC. Additional data elements supplied by CHFC include average length of stay, revenue per day by payor, total net revenue per day, wages per day, and ancillary revenue per day.

- Individual Hospital Discharge Data Summaries (IHDDS) are available for all Hospital Discharge Abstract Data Records submitted to CHFC. Additional data elements supplied by CHFC include Diagnosis Related Group (DRG) and Major Diagnostic Category (MDC).

These summary reports are prepared by CHFC after the submitted data has been edited and corrected. Each health facility approves the summary report prepared by CHFC for that facility before the summary is made available to the public.

Technical Assistance and Special Requests. CHFC staff routinely provide general and technical assistance to data users. CHFC staff also respond to special requests for individual and aggregate data in user-specified formats. CHFC makes this special output available to the public "for a reasonable cost" and, work load permitting, at the discretion of CHFC's Executive Director. In calendar year 1984, CHFC responded to approximately 150 special requests. If a data user requests information that requires additional programming or research, CHFC gives the user a cost estimate computed according to the cost structure guidelines set fourth in the California Administrative Manual. If the user accepts the estimate, CHFC performs the necessary programming or research activities and creates the special report or computer run. At the present time, there is no system for tracking actual personnel hours and systems time used in filling special requests.

Other Disclosure Activities. In addition to producing unpublished data output and summary publications, CHFC staff publish a number of analytical reports, including the Economic Criteria for Health Planning (ECHP) Reports. These reports present

expenditure estimates and standards of effectiveness for California hospitals and long-term care facilities and include analyses of the relationships among hospital charges, revenue, and costs. CHFC originally created and now publishes updates to the California Weighted Price Index. This index is a measure of the general price level of goods purchased by California hospitals.

In addition to these publications, CHFC prepares an annual report to the Governor and State Legislature reviewing health care industry trends and CHFC activities. In addition to these activities, CHFC staff use the data base to conduct research studies on selected health issues. CHFC also produces a number of consumer-oriented publications, including the Consumer Guide to Health Care Costs. This publication discusses such issues as health care costs, health insurance average, and Medicaid and Medicare. California trends and profiles are illustrated through graphs and charts. Cost containment efforts are reviewed, and the consumer's rights and responsibilities are discussed. CHFC also publishes a number of consumer outreach brochures and bulletins and the "data-Point" series newsletter which addresses timely health care issues. CHFC routinely reviews and modifies existing disclosure procedures. Staff members and Commissioners work together in product development committees to develop recommendations for new and revised publications and reports.

Staffing of CHFC Disclosure Activities

Disclosure activities are currently shared among CHFC'S five divisions and its Public Liaison Office. Document Sales staff within the Administration Division provide information on the availability and price of data and process requests for standard data output and publications. Document Sales staff are also responsible for recording

requests for special data output and forwarding these requests to the appropriate CHFC division. The Data Processing Division provides the systems support necessary to produce hard copy data, tapes, and diskettes. CHFC's two program divisions (the Accounting and Reporting Division and the Discharge Data Division) are responsible for developing the systems specifications for production of the standard data output that is included in publications and otherwise made available to the public. Staff from these two divisions also provide technical assistance and respond to requests for data output that require special program specifications. Policy Analysis and Research staff prepare CHFC annual and periodic reports and conduct research studies on selected health care issues. Research staff also provide technical assistance to data users and process requests for special data output. Finally, CHFC's Public Liaison Office is responsible for consumer outreach activities, including publication of the quarterly CHFC Bulletin and production of consumer-oriented brochures.

SB 181 Disclosure Requirements

Under Section 443.35(c) of SB 181, OSHPD is required to compile and publish summaries of the data it collects which "identify and allow for meaningful comparison of individual health facility planning areas as well as statewide data, and [which] shall permit comparisons to be made between the summaries covering a particular period and individual health facility [annual financial and utilization] reports." However, such summaries shall be limited to aggregate summaries no smaller than health facility planning areas [and] . . . In those health facility planning areas where there is only one health facility, data shall be reported in aggregates larger than one health facility planning area." Under Section 443.35(c), OSHPD must "attempt to aggregate the data in a manner that does not allow the identification of an individual health facility."

SB 181 also requires OSHPD to make available at cost to all interested parties a hard copy of all hospital reports. OSHPD must also make available to the public magnetic tape of all reported hospital data "unless the office determines that an individual patient's rights of confidentiality would be violated." SB 181 does not, however, include a similar disclosure requirement for data reported by long-term care facilities. Finally, Section 443.35(d) requires OSHPD to establish a public liaison function "in order to assure that accurate and timely data are available to the public in useful formats." This public liaison function is to provide "technical assistance to the general public on the uses and applications of individual and aggregate health facility data, and . . . provide the director and the commission with an annual report on changes that can be made to improve the public's access to data."

On May 3 of this year OSHPD released a Report on Health Facility Data Disclosure prepared for the California Legislature. (A copy of this report is included in Appendix B and, according to the OSHPD work plan, was to be submitted April 1, 1985.) This report presented OSHPD'S proposed disclosure activities under SB 181. The following pages summarize these proposed activities and discuss the effect any changes in disclosure might have on individuals and groups who use health facility data.

CURRENTLY PUBLISHED INDIVIDUAL FACILITY DATA WILL STILL BE AVAILABLE TO THE PUBLIC ON AN UNPUBLISHED BASIS, BUT THERE MAY BE AN INCREASE IN THE TIME IT TAKES OSHPD TO PROCESS REQUESTS FOR THIS AND OTHER UNPUBLISHED DATA.

SB 181 prohibits OSHPD from publishing individual facility data and aggregations of data for geographic areas smaller than Health Facility Planning Areas (HFPAs). OSHPD will continue to make this data available to the public upon request. There

may, however, be some increase in the time required to process these and other requests for unpublished data.

Changes in Summary Publications. Under OSHPD's present interpretation of SB 181, OSHPD is not prohibited from publishing facility-specific quarterly hospital financial and utilization data. OSHPD therefore intends to continue publishing all quarterly hospital financial and utilization data (both facility-specific and aggregate) that is currently published by CHFC. OSHPD intends to continue CHFC's current format for publishing this data and to incorporate the new data items required by SB 181 into this format.

SB 181 does, however, preclude OSHPD from publishing facility-specific discharge or annual financial and utilization data, geographic aggregations of this data for areas smaller than HFPAs (such as census tract, city boundaries, and hospital districts), and nongeographic aggregations of this data which allow identification of facility-specific data. Pursuant to this mandate, OSHPD will no longer publish the following current individual summary publications:

- Individual Hospital Financial Data for California (annual hospital financial and utilization data)
- Individual Long-Term Care Facility Financial Data for California
- Individual Hospital Discharge Data for California
- Patient Origin and Market Share Data for California

OSHPD will also no longer publish the facility-specific data that is currently presented in the following aggregate publications. OSHPD will continue to publish these

aggregate publications after they have been reformatted to remove all facility-specific data:

- Aggregate Hospital Financial Data for California
- Aggregate Long-Term Care Facility Financial Data for California
- Aggregate Hospital Discharge Data for California
- Aggregate Hospital Discharge Data Summaries

SB 181 also prohibits OSHPD from publishing facility-specific data contained in the following two discharge data publications:

- Hospital Utilization and Charges by Diagnosis - Related Groups
- Hospital Utilization and Charges for Frequent Surgeries

CHFC expects to release these two publications for the first time before the end of 1985. SB 181 does not prohibit OSHPD from publishing the aggregate data contained in these publications. At the present time, however, OSHPD has no plans to continue publishing this aggregate data.

Availability of Unpublished Data. Although OSHPD will no longer publish individual facility data, OSHPD intends to make this data available to the public on a "routine basis" upon request and payment of a charge. To facilitate the availability of currently published individual data, OSHPD intends to maintain the programs CHFC currently uses in preparing individual and aggregate summary publications. OSHPD also intends to compile the narrative included in current publications of individual data and make it available with the actual data. OSHPD staff expect the costs associated with requests for currently published facility-specific data and narrative material will

be minimal since new data programming will not be necessary. OSHPD currently plans to collect a set handling charge for each request plus an additional charge per page. The charges that OSHPD is tentatively considering would make this data available at a price that is comparable to the current cost of CHFC publications containing this information.

OSHPD also plans to prepare and make available a summary file for each annual hospital and long-term care facility report in order to fulfill the requirements of Section 443.35(c) of SB 181. OSHPD intends to produce these summary data files in a format similar to CHFC's current aggregate disclosure data publications so that the facility-specific data in these summary files can be compared to published aggregate data. At the time of this audit, however, OSHPD had not explicitly detailed the content or format of these summary files. OSHPD also intends to continue making the other types of unpublished standard data output currently produced by CHFC available on a routine basis, including hard copies of individual and aggregate reports submitted by both hospitals and long-term care facilities, computer-generated facsimilies of these reports, individual and aggregate hospital and discharge data and disclosure summaries, master tapes of data from both hospitals and long-term care facilities, and diskettes containing hospital quarterly financial and utilization data. OSHPD also plans to prepare and make routinely available an index and price list of all publications and routinely available information. Finally, OSHPD intends to make archive copies of CHFC publications and reports routinely available upon request and at cost.

Possible Increase in Turnaround Time on Requests. OSHPD plans to create a document sales function in the new health data unit to supervise all requests for routinely available information. Under the Administration's proposed budget, this function

would be staffed by transferring all CHFC document sales staff to the Health Data Unit. (Appendix C contains a chart showing OSHPD's proposed organization and staffing for SB 181 data collection and disclosure activities.) If there is no increase in the work load of the document sales staff, turnaround time on requests should not be affected. The following factors, however, may play a role in adding to staff assignments, and consequently, turnaround time:

- Additional effort will be required to fill requests for individual facility and aggregate data which will be no longer be published. In 1984, CHFC received over 2,200 requests for individual summary publications and 781 requests for aggregate publications. These requests amount to roughly 20 percent of the approximately 16,000 total items requested from CHFC in 1984. To the extent future requests for currently published individual data remain at 1984 levels, OSHPD will have to fill over 3,000 requests for this data. Such requests will require increased effort by the staff because a copy or computer printout must now be produced to fill each request for this data.

- More users will seek OSHPD services if schools and libraries do not make unpublished health facility data available to the general public. Some libraries and schools that currently receive bound publications from CHFC containing individual facility data may not make the effort to special-order this data in the future. As a result, some individuals who currently obtain data from public libraries and schools will be required to request the data directly from OSHPD, thus increasing the work load of the Document Sales staff. There will also be an adverse impact on

individuals who obtain data from libraries and schools because they will be deprived of immediate access to the data and will have to pay a charge for material that was formerly available free of charge.

- A general increase in requests for data is anticipated. The results of our survey suggest that slightly more than 80 percent of the current users of data expect to increase their use of data in the coming year. Sixty-six (66) percent of surveyed users expect to provide the data to additional secondary users, who might then become new primary users. These projected increases are a result of normal anticipated need and would occur independent of the CHFC transition.

The increased work load resulting from the above factors would be partially offset by OSHPD's plan to transfer oversight responsibility for special requests from Document Sales staff to Public Liaison staff. In addition, the detrimental effect on turnaround time created by the above factors could be minimized if other OSHPD staff could provide back-up support to Document Sales staff. OSHPD's production center could provide duplication services, and Data Processing or Public Liaison staff could produce computer printouts. An additional savings in time and effort could be achieved by producing multiple copies or computer printouts at one time in anticipation of future requests.

SB 181's prohibition on publication of individual facility and certain aggregate data will also have an effect on individuals who use CHFC publications that are currently disseminated free of charge to public libraries and schools. In the future, some libraries and schools that currently receive copies of CHFC publications may not

continue to keep current individual facility data on file. As a result, some individuals who currently obtain data from public libraries and schools will be required to request the data directly from OSHPD. These individuals will not, therefore, have immediate access to the data. They will also be paying a charge for the material that OSHPD sends to them. In addition to this effect on current users, there is the unquantifiable effect on potential future users of this data. It is possible that in the future fewer individuals will be exposed to the data and learn how to use it to make efficient health care decisions.

OSHPD WILL CONTINUE TO PUBLISH SOME ANALYTICAL REPORTS BUT WILL ELIMINATE CHFC'S RESEARCH FUNCTION AND SIGNIFICANTLY REDUCE CONSUMER EDUCATION AND OUTREACH ACTIVITIES.

OSHPD intends to discontinue certain CHFC research activities, the annual updating of the Consumer Guide to Health Care Costs, the Focus speakers program, and certain consumer-oriented brochures and pamphlets. OSHPD will continue to publish the ECHP report and is required by SB 181 to prepare an Annual Report to the Governor and the State Legislature. OSHPD will work with HSAs to educate consumers and to supplement OSHPD's disclosure of standard data output and summary publications.

OSHPD does not feel it is required by SB 181 to continue the types of research projects that are currently conducted by CHFC. Furthermore, OSHPD feels that CHFC research activities have often duplicated the efforts of their own in-house research group within the Health Planning Unit. As a result, OSHPD does not plan to staff the new Health Data Unit for this research function.

Questions 21.F through 21.K of the user survey (Appendix E) asked respondents which of CHFC's research publications they used and also what importance they assigned to each of these research documents. Thirty-two (32) percent of all respondents indicated they used these reports. In particular, 47 percent of planners and 43 percent of purchasers indicated they used the CHFC research reports. When asked about the importance of these reports, 21 percent (or one-fifth of 38 respondents) indicated the CHFC research documents were important to them. The research reports were of greatest importance to planners (43 percent answering yes) and other data users (38 percent answering yes). The above percentages do not appear directly in Appendix D. Rather, the percentages are the computed mean averages of the responses of data users to questions regarding the use and importance of six CHFC research publications.

OSHPD will continue to publish those parts of the Economic Criteria for Health Planning (ECHP) Report which do not contain individual facility data. OSHPD also intends to continue publishing updates to the California Weighted Price Index and to either continue the "data-Point" series or integrate this information into OSHPD's own newsletter. In addition to these reports and publications, SB 181 requires the public liaison staff to prepare an Annual Report to the Governor and the State Legislature.

At the present time, it is unclear to what extent OSHPD will engage in consumer education activities. OSHPD does not feel that SB 181 requires the level of consumer-oriented activity that is presently maintained by CHFC. OSHPD is, however, required by SB 181 to establish a public liaison function. According to OSHPD's May 3 Report on Health Facility Data Disclosure, the public liaison function will include preparation of guides that assist users and consumers in understanding data. At the present time, however, OSHPD has no plans to update the Consumer Guide to Health Care Costs,

continue funding the key note speakers (Focus) program, or continue production of the type of consumer-oriented brochures and pamphlets that CHFC presently produces. Forty-seven (47) percent of all 38 respondents indicate they used CHFC's Consumer Guide. Eighty (80) percent of planners, 47 percent of purchasers, and 71 percent of other respondents indicated that they used CHFC's Consumer Guide. With regard to the perceived importance of the CHFC Consumer Guide, 24 percent of all respondents classified the publication as important. The guide was most important to planners (60 percent) and other CHFC data users (71 percent).

OSHPD does intend to use Health Systems Agencies (HSAs) to fulfill some of its consumer education responsibilities. OSHPD is also hoping that HSAs throughout the state will be able to supplement OSHPD's disclosure of standard data output and summary publications and will contract with HSAs to perform these services. OSHPD's fiscal year goals are to have HSAs disseminate the data base to users in the area and conduct area user needs assessments. Each HSA will receive $25,000. These contracts are scheduled to take effect July 1, 1985 to provide each HSA with a copy of all or part of the data base. The extent and form of the data base that is provided will depend on the volume of requests for data received by the HSA, and the HSA's ability to handle tape or diskette. At present OSHPD staff feel that there are only three HSAs with the systems capacity to perform data analyses from magnetic tape. OSHPD staff say that they intend to act as a "backup" to the HSAs, particularly to those HSAs that do not have sophisticated data processing capabilities or for users in areas which do not have HSAs. OSHPD does not plan to require users to first contact their HSA before they are served by OSHPD.

OSHPD PLANS TO MAKE SPECIAL DATA OUTPUT AVAILABLE AT COST AND "TO THE EXTENT RESOURCES ARE AVAILABLE" AND TO CONTINUE CHFC'S CURRENT LEVEL OF TECHNICAL ASSISTANCE TO DATA USERS

OSHPD intends to continue responding to requests for special data output that require a significant commitment of either professional or data processing staff resources. These requests will, however, be filled at cost and "to the extent resources are available." OSHPD also intends to maintain the level of technical assistance for users that is currently available from CHFC. OSHPD plans to have its Public Liaison staff assume overall responsibility for technical assistance and special data output.

CHFC Document Sales staff currently have overall responsibility for monitoring requests for technical assistance and special data output. OSHPD plans to centralize these activities, to the greatest extent possible, within the Public Liaison function OSHPD is mandated to establish under SB 181. OSHPD intends for Public Liaison staff to be the primary contact for users needing technical assistance or special requests. Where a request is more appropriately referred to other staff within the Health Data Unit, the Public Liaison staff will assume a gatekeeper role. OSHPD intends for the Public Liaison staff to give special attention to tracking personnel and systems time required to complete requests for special data output.

Under the Administration's recommended budget for FY 1986, the Public Liaison function would be staffed with three of the research analysts currently assigned to CHFC's Policy Analysis and Research Division. In addition to these three core staff, OSHPD may transfer in a systems analyst from another unit to provide additional programming and data processing support. (Appendix C contains a chart showing

OSHPD's proposed organization and staffing for SB 181 data collection and disclosure responsibilities.)

Our survey of users indicates that a significant number of users will continue to need technical assistance. Two questions were included in the survey to gauge users' need for technical assistance in using the data. Question 11 of the survey asked: Do you need assistance in identifying your data needs? Forty-seven (47) percent of all 38 respondents answered "yes." One hundred (100) percent of planners indicated a need for assistance, and 58 percent of purchasers and 57 percent of other data users indicated this need.

Question 12 of the survey asked another technical assistance question: Do you need assistance in clarifying the content of the data? Sixty-one (61) percent of all respondents answered "yes" to this question. Eighty (80) percent of planners, 56 percent of providers, 68 percent of purchasers, and 71 percent of other data users indicated a need for assistance in clarifying the content of the data.

Our user survey also indicates that a significant number of users will continue to request special data output. Question 13.A of the survey asked: Have you asked (or will you ask) for special reports or computer runs? Forty-two (42) percent of all respondents answered "yes." This answer was given most frequently by planners (80 percent) and purchasers (58 percent). Initially, there was concern expressed as to whether the disclosure data would continue to be made available on paper or whether it might be available only on computer tape and/or diskette. OSHPD now plans to respond to any requests for data not available on paper by making special computer runs. Requests may be made directly to OSHPD or to the HSAs.

Due to concern over whether access would be limited for users who do not have computer capacity, the survey included a question which addressed respondents' ability to process information on computer tape and/or diskette. Of all respondents, 53 percent had the computer resources to process information from computer tape, and an additional 8 percent anticipated having these resources in the future. Sixty (60) percent of planners, 63 percent of purchasers, and 37 percent of providers do not presently have computer capacity.

Of all respondents, 74 percent currently have the computer resources to process information from diskette. An additional 2 percent anticipated having this capability in the next year. One hundred (100) percent of planners and other data users already have the necessary computer resources to process from diskette. Six (6) percent of providers and 47 percent of purchasers do not have the resources to process data from diskette. Of respondents who are purchasers, five percent plan to acquire these resources in the next year.

When asked whether their access to data would be limited if the data were not available on paper, 53 percent of all respondents answered "yes." Sixty-eight (68) percent of purchasers, 50 percent of providers, 40 percent of planners, and 43 percent of other respondents replied that their access would be limited if the data were not available on paper.

CHAPTER III

ANALYSIS OF IMPLEMENTATION METHODOLOGY AND ASSESSMENT OF IMPLEMENTATION STATUS

OSHPD's current management work plan (dated March 29, 1985), which describes the tasks needed for the physical and functional consolidation of CHFC and OSHPD, appears to represent an achievable plan. This has been accomplished by reducing the scope of work to be completed in 1985. However, successful consolidation of OSHPD and CHFC staff and functions appear possible only if the following conditions are met:

- OSHPD must exercise greater commitment to project management and coordination.

- OSHPD must do a better job controlling overruns and slippages in work plan time frames, particularly in system modification tasks.

- OSHPD must prepare a detailed plan for moving CHFC hardware, software, and all data bases.

The importance of meeting these conditions cannot be overstated if OSHPD is to assume its data collection and disclosure responsibilities under SB 181.

This chapter examines three issues that are critical to successfully consolidating OSHPD and CHFC. First, this chapter evaluates the completeness, consistency, contingency, and feasibility of OSHPD's work plan. A complete and achievable

implementation work plan is essential. Second, OSHPD's progress against the plan is evaluated. Because this audit occurred only five months into an extended project, only a preliminary snapshot of OSHPD's progress in implementing Chapter 1326, Statutes of 1984 can be given. However, this audit provides a view of OSHPD's management practices and philosophies in implementing SB 181. Third, this chapter reviews in detail the plans and safeguards for transferring the existing CHFC data bases to OSHPD. Health facility data, both historical and ongoing, must be protected to ensure continued utility and accuracy.

OSHPD'S PRESENT WORK PLAN SETS FORTH A COMPLETE IMPLEMENTATION METHODOLOGY.

The consolidation of the resources and functions of two organizations requires a definite and detailed plan of action. This plan must define tasks in a clear and organized manner. The plan must also specify begin and end dates which can be met given the resources available. After several revisions to the original work plan, OSHPD's March 29, 1985 work plan provides a complete and attainable implementation methodology. The March 29, 1985 work plan allows for successful physical consolidation by January 1, 1986 (i.e., physical movement of staff and equipment). Additional modification of CHFC data collection and disclosure software must be completed after January 1, 1986 if OSHPD is to complete functional consolidation of CHFC and meet OSHPD's data collection and disclosure responsibilities under SB 181.

The original management work plan for the consolidation and administration of the health facility data collection functions was developed in November 1984. OSHPD formed a task force responsible for creating this work plan. SB 181 was the primary

source used for developing the work plan, but the task force also considered existing laws, rules, regulations, systems, procedures, and studies.

The original OSHPD work plan consisted of 15 separate components. A qualified individual is identified as manager for each component and has responsibility for ensuring the timely completion of each task and subtask identified within the component.

OSHPD's November 1984 work plan proposed a two-phase methodology. Phase I activities included the actual physical consolidation of OSHPD and CHFC staff, as well as those modifications to the existing CHFC system necessary to implement SB 181. Phase I tasks included:

- Consolidate the CHFC Hospital Disclosure Report and the Medicare/Medi-Cal Cost Report

- Form the new California Health Planning and Data Advisory Health Commission (CHPDAC)

- Develop new disclosure output formats using guidelines established by SB 181

- Make software modifications to the existing CHFC systems to accommodate the new Consolidated Annual Hospital Cost Disclosure

Report and additional data items that will be collected in the Quarterly Hospital Financial and Utilization Report

- Physically consolidate OSHPD and CHFC and consolidate the administrative and program functions by January 1, 1986

Phase II of the original work plan included a set of independent tasks scheduled to be performed simultaneously with Phase I. The two main objectives of Phase II were to:

- Make more substantive improvements to hospital accounting systems

- Fully integrate these accounting changes into California health facility reporting. To do this would require major and additional redesign of the data collection and disclosure systems CHFC and OSHPD are modifying for 1986

We believe the original OSHPD work plan, though complete, was overly optimistic. We base this conclusion upon the fact that in later revisions of the work plan, Phase II tasks were deferred until early 1986. OSHPD gave lack of resources as the reason for deferring Phase II. There were no OSHPD staff available for Phase II tasks, and CHFC staff were dedicated to Phase I tasks which OSHPD had delegated to them. OSHPD decided to defer Phase II tasks so that Phase I could be completed on time. Phase II tasks from Component 2 (Consolidate Hospital Reports) of the original work plan were dropped from the March 29th work plan, even though Phase II tasks from Component 6

(Consolidate Data Processing Systems), still present in the March 29th work plan as task 6.3.3.12, depend on these dropped tasks.

The March 29th work plan (shown in Appendix B) places priority on Phase I tasks. Due to the reduction of scope during 1985, OSHPD now has a work plan which if effectively followed, will result in the successful consolidation of OSHPD and CHFC functions in the required time frames. Tasks which relate to the physical consolidation are scheduled to be completed by January 1, 1986. Many data processing tasks related to the functional consolidation are scheduled to be completed at various points in 1986. Though these end dates occur after January 1, 1986, if met, OSHPD will still meet the data collection and disclosure responsibilities assigned to it by SB 181.

A NUMBER OF SIGNIFICANT OVERRUNS AND SLIPPPAGES HAVE OCCURRED BECAUSE GOOD MANAGEMENT PRACTICES HAVE NOT BEEN FOLLOWED.

As established in the previous section, OSHPD has an achievable work plan for the consolidation. However, even though the project is in its early stages, a pattern of overruns and slippages* in work plan time frames has occurred. Because it is early in the project, there is not enough information to conclude unequivocally that the work plan will be completed on time. Past overruns and slippages already indicate that tighter control over the project is necessary. OSHPD may not be ready to assume its SB 181 responsibilities for data collection and disclosure activities on time unless overruns and slippages are avoided in the future.

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*The terms "overruns" and "slippages" are used to refer to tasks that have not been completed by the planned end date.

Work Plan Time Frames Have Slipped

The purpose of creating a document as detailed as the OSHPD management work plan is to schedule work properly and to coordinate the various activities. While task overruns will occur, it is important to minimize them. An overrun on one task causes dependent tasks to slip and can result in further overruns. OSHPD has made many adjustments to begin and end dates for tasks on the project work plan. Many tasks have been completed after their original due dates. Table 3-1 on the following two pages shows major tasks and their status as of the third revision of the work plan, dated March 29, 1985. Table 3-1 shows the dates tasks were completed and the adjustments to end dates on tasks by contrasting the scheduled end dates on the original and current work plans. Also shown are the completion dates for those tasks which have been completed.

While not all overruns or slippages have a critical effect, a pattern emerges that must be avoided in the future. Some overruns and slippages do have a critical negative effect on the overall success of the project. For example, from Table 3-1:

- Tasks 2.5, 5.3, and 6.2.3 are reports that were one to two months late. Many tasks dependent on the completion of these reports and decisions made from these reports were delayed. The most critical delay was in creating the software specifications for the new hospital report and disclosure formats.

TABLE 3-1

COMPARISON BETWEEN ORIGINAL WORK PLAN
AND CURRENT REVISED WORK PLAN

	TASK	ORIGINAL WORK PLAN END DATE	CURRENT WORK PLAN END DATE	COMPLETION DATE	COMMENTS
2.0	Consolidate Hospital Cost Reports	12/31/87	12/31/87	—	—
2.1	Determine Revision Needed	11/15/84	11/15/84	11/09/84	On time
2.2	Develop Revised Consolidated Report Forms and Instructions	11/15/85	11/15/85	—	—
2.3	Gain Technical Advisory Review	11/21/84	11/21/84	12/10/84	3 weeks late
2.4	Implement Consolidated Report Form	12/31/86	12/31/86	—	—
2.5	Produce Report to Legislature	12/31/84	12/31/84	02/04/85	5 weeks late
2.6	Develop and Implement Accounting and Reporting Systems Improvements	12/31/87	—	—	Task was deferred to begin in early 1986. It was taken off current work plan.
5.0	Develop New Disclosure Formats	12/31/86	12/31/86	—	—
5.1	Review Existing Formats	12/31/84	05/03/85	—	End date shifted 4 months
5.2	Develop New Disclosure Output Formats	02/07/85	06/07/85	—	End date shifted 4 months
5.3	Report to Legislature	04/01/85	04/01/85	05/03/85	4 weeks late
5.4	CHPDAC Review of Proposed Formats	09/16/85	09/16/85	—	—
5.5	Implement Approved Disclosure Reports	12/31/86	12/31/86	—	—

TABLE 3-1

COMPARISON BETWEEN ORIGINAL WORK PLAN
AND CURRENT REVISED WORK PLAN

	TASK	ORIGINAL WORK PLAN END DATE	CURRENT WORK PLAN END DATE	COMPLETION DATE	COMMENTS
6.0	Consolidate Data Processing Systems	12/31/86	10/31/88	—	End date shifted 22 months
6.1	Inventory Existing Data Processing Resources	12/14/84	12/14/84	12/01/84	—
6.2	Perform Needs Assessment	11/30/85	04/30/86	—	End date shifted 5 months
6.2.3	Finalize Feasibility Study Report (FSR) on Report Consolidation	12/31/84	12/31/84	02/26/84	2 months late
6.3	Implement Data Processing Changes	12/31/86	10/01/88	—	End date shifted 22 months
6.3.3.9	Begin Phase I Production Processing	04/30/86	04/30/86	—	Begin dates moved forward without change in end dates
6.3.3.12	Implement Integrated Report System	12/31/86	10/31/88	—	End date shifted 22 months
7.0	Identify Indigent Revenue Data Problems	03/30/85	03/30/85	—	Not finished on time
9.0	Identify Organizational Structure and Staffing Requirements	01/01/86	01/01/86	—	—
10.0	Consolidate Administrative Functions	06/30/86	06/30/86	—	—
13.0	Mange the Master Work Plan	06/30/86	06/30/86	—	—
13.1	Organize Project	12/15/84	12/15/84	2/28/85	10 weeks late

- The shift in task 5.2 is partially the result of slippage in task 5.3 (Report to Legislature on Disclosure) and will cause a delay in the data processing tasks related to OSHPD's data disclosure

- The timely completion of task 6.3.3.9 could be in jeopardy because the beginning dates of several necessary prior tasks have been moved back with no change in the overall completion date of task 6.3.3.9.

A continuing trend of slippages and overruns has numerous possible consequences. The most critical is that OSHPD would not be ready to assume full responsibility for health facility data collection and disclosure activities. Delays in collecting, processing, and disclosing data could occur due to delays in completing the systems tasks. This could cause decreased staff morale, which could further exacerbate slippages and overruns. These effects cannot be predicted with certainty now but are quite possible if the OSHPD trend of slippages continues.

While some overruns and slippages are unavoidable, most can be avoided with tighter project management and coordination. There was no formalized OSHPD project management until well into the project. OSHPD believed weekly status meetings were sufficient. For example, the following key project management tools were not used until March 1985:

- A progress reporting system to document the progress of all components

- A critical task log to track the progress of critical tasks and their dependent tasks

- A file system, by component, to track all documents relating to the project

- A system to control the production and timeliness of key reports

These project management tools, as well as others, are fundamental for coordinating and managing a project of this size and importance. OSHPD's reason given for not using these management tools was that there were more important tasks to complete, namely the Hospital Cost and Disclosure Reports to the Legislature, which were due January 1, 1985 and April 1, 1985, respectively. While it is clear these were priority products, it is unclear whether they should have been pursued to the total exclusion of developing these overall project management devices.

The importance of this project requires its timely completion. OSHPD management and, in particular, the project manager and the coordinator must be responsible for tightening control on the project. A greater emphasis on project management and coordination is necessary for OSHPD to implement its work plan on schedule. Additionally, management must stress the importance of timely completion to all involved staff. Deadline overruns and slippages must be avoided when possible. Unavoidable slippages must be detected as soon as possible so contingency plans can be invoked.

There Have Been Delays in Systems Modification Tasks

OSHPD chose a two-phase approach to assume its SB 181 responsibilities. In Phase I, the consolidated organization would modify the current computer programs used by CHFC for data collection and disclosure. In Phase II, further report consolidation would be pursued after implementing fundamental changes to hospital accounting practices.

Both Phase I and Phase II work will be completed as a joint effort between OSHPD and CHFC staff. Phase I requires modification to four CHFC systems that are affected by the consolidation of CHFC collection, processing, and disclosure functions in OSHPD. The four systems are the Hospital Annual Report Processing System, the Hospital Quarterly Report Processing System, the Discharge Data Report Processing System, and the Report Status Control System. Aside from format and programming modifications, there should be little change to the existing systems.

Work on these critical tasks was originally scheduled to begin on January 2, 1985. The most current schedule shifted the beginning date of these tasks to May 1, 1985. This slippage was due to delays in finalizing the new consolidated hospital report form. Further delays are anticipated because of delays in creating programming specifications for the disclosure reports.

Table 3-2 shows the major data processing tasks which need to be completed. The table shows:

- The tasks to be completed
- The scheduled end date for each task
- The absolute end date the task must be completed so that production processing won't be affected
- At what stage the task should be on January 1, 1986

Although CHFC staff are performing the programming changes, OSHPD is responsible for supplying the specifications and managing the tasks. OSHPD has been late in providing specifications required for programming changes. Hence, OSHPD is responsible for the delays already encountered. These delays will cause slippages in task end dates. It is necessary that OSHPD complete these tasks within the absolute end dates shown in Table 3-2.

It is critical to monitor any further slippages to system modification tasks. This is the responsibility of the project manager. Because both OSHPD and CHFC staff perform these tasks, it is also critical that good coordination takes place. To date, CHFC staff appear to have had minimal input into implementation planning in general. The appointment of the former head of CHFC's Policy Analysis and Research Branch as Assistant Deputy Director of OSHPD should help to improve communication and coordination between the two organizations.

TABLE 3-2

MAJOR DATA PROCESSING TASKS

TASK	SCHEDULED END DATE	ABSOLUTE END DATE	REQUIRED PROGRESS AS OF 1/1/86
Hospital Annual Report			
- Data Collection using new report form	4/1/86	4/1/86	Programming should be completed
- Disclosure using old report form (84/85 Data)	5/1/86	5/1/86	Programming specifications should be completed
- Disclosure using new formats	1/1/87	5/1/87	Programming specifications should be in progress
Hospital Quarterly Report	4/1/86	4/1/86	Program modifications should be in progress
Report Status Control System	2/1/86	3/1/86	Program modifications should be complete
Discharge Data Report			
- Data Collection Process	7/1/85	7/1/85	This task should be completed
- Disclosure Processes	5/1/86	5/1/86	Program modifications should be complete. Testing should be underway

THERE IS NO DETAILED PLAN FOR MOVING CHFC COMPUTER HARDWARE, SOFTWARE, AND ALL DATA BASES

The consolidation of OSHPD and CHFC requires the physical move of CHFC to the Bateson building where OSHPD is located. Part of this move will include the CHFC computer system — an IBM 4331 computer, hundreds of system software and user software programs, and all the peripherals and terminals tied to the system. The plans and safeguards to transfer the system were reviewed as part of this audit.

To ensure hardware and software are moved properly, specific plans and procedures must be drawn up. Such plans and procedures should include:

- Procedures for back-up of all files and program libraries
- Lists of all files and libraries to be moved
- Procedures and system software programs to verify that all data were moved without loss or distortion
- Procedures to ensure that all application systems run properly after the move
- Verification that environmental tasks such as air conditioning, electrical installation, and security installation are completed at the new site

- Specification of procedures for the physical move of hardware and software

Interviews with staff responsible for the move indicate that they fully understand the steps necessary for a successful move. OSHPD staff, with CHFC staff assistance, will be responsible for the transfer of equipment, applications software, and data files. According to CHFC and OSHPD staff, IBM-approved vendors will physically move the hardware; and IBM staff will perform the system generation and debug any system software problems.

Although OSHPD and CHFC staff understand the stages involved, OSHPD has not yet written a detailed plan incorporating the above procedures. OSHPD's reasoning is that such a plan is premature now and will be prepared later. While some tasks cannot be planned specifically (e.g., the exact new location for the machine is unknown), most of the tasks, especially those relating to moving software and data bases, can be determined today.

Failure to develop a complete and careful system moving plan could result in irreversible loss of data, require otherwise unnecessary recreation of data, and require large amounts of staff time to restore the system properly. The development of an effective plan for the transfer of the applications software and data files should not be postponed indefinitely.

CHAPTER IV

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

If effectively implemented, OSHPD's proposed health facility reporting requirements would result in a reporting system that is comparable to CHFC's existing system. Under OSHPD's proposed system, health facilities would continue to report all essential data elements currently collected by CHFC. In addition, reporting facilities would continue to submit data according to CHFC's uniform accounting and reporting standards. Finally, submission of data to OSHPD would be no less timely than it is under the current system as long as OSHPD exercises its discretionary authority to require long-term care facilities to submit a statement of financial position by the current deadline. OSHPD's data base will, therefore, support trend analyses and comparisons to data from previous years.

If OSHPD's proposed staffing and organizational plan is implemented, the current CHFC data collection function would be housed in an autonomous unit dedicated to health facility data processing and disclosure activities. Data collection and processing activities would be performed by those CHFC staff currently responsible for this activity. The data processing capacity of the new unit would be equivalent to the current system used by the CHFC, and additional back-up systems support would continue to be available from the Health and Welfare data processing facilities. OSHPD's proposed staffing, systems capability, and organizational structure would

provide technical expertise, systems capability, and dedicated management time comparable to CHFC's current organizational structure and resources.

Under SB 181, OSHPD will carry out a more limited data disclosure program. OSHPD will no longer publish comparisons of individual facilities on selected data elements collected in annual disclosure and discharge data reports. OSHPD will also no longer publish data from annual disclosure and discharge data reports in geographic aggregations smaller than Health Facility Planning Areas (HFPAs). OSHPD will, however, continue to make this data available upon request but there may be an increase in the time it takes OSHPD to process requests for this and other unpublished data. In addition to limiting the publication of data, OSHPD will eliminate the current CHFC research function. According to our user survey CHFC research reports are presently used most frequently by health planners and purchasers of health care services. OSHPD will also significantly reduce user education and consumer outreach activities. In addition, OSHPD may limit production of special data output, and special data that is produced may be available on a less timely basis and at a higher cost.

The revised implementation work plan, if effectively followed, will result in the successful consolidation of OSHPD and CHFC functions within the required time frames. Although tasks related to functional consolidation are scheduled to be completed after January 1, 1986, the data collection and disclosure requirements specified in SB 181 will be met.

Overruns and work plan slippages have occurred. Some of these overruns and slippages could have a critical effect on the overall timeliness of project implementation. Additionally, there have been delays in completing system modification tasks, which resulted from untimely programming specifications provided by OSHPD. Lastly, there is no detailed plan for transferring the CHFC computer to the new site. Failure to develop a complete and careful system moving plan could result in irreversible loss of data, require otherwise unnecessary recreation of data, and require large amounts of staff time to restore the system properly. The development of an effective plan for the transfer of the application software and data files should not be postponed indefinitely.

Recommendations

- OSHPD should commit more time to the project management and coordinating function. Proven project management techniques including those described in the report must be used so that overruns and slippages of deadlines can be controlled.

- CHFC staff should play a greater role in implementing SB 181. Key staff should be involved in the day-to-day planning and decision-making.

- OSHPD should prepare a detailed plan identifying all tasks necessary to move the CHFC computer hardware, software, and data bases.

- SB 181 requires OSHPD to make special data output available to the public at cost. In order for OSHPD to pass through the true cost of producing this special data output, OSHPD should implement a tracking system to identify the actual personnel and systems time involved in processing each request. Profit or loss should be calculated for each request, and significant discrepancies between actual costs and estimated charges should be examined to determine why the estimates were incorrect.

- OSHPD's proposal to give Public Liaison staff overall responsibility for requests for technical assistance and special data output could result in duplications in work effort and delays in processing of requests. In order to avoid these negative effects, OSHPD should 1) coordinate the activities of Document Sales staff and Public Liaison staff and 2) formalize procedures for recording and processing requests for special data output.

- OSHPD can minimize the time required to fill requests for unpublished data by producing multiple copies or computer printouts in anticipation of future requests. In particular, OSHPD should use 1984 CHFC user logs to estimate requests for the facility-specific and aggregate data that will no longer be published by OSHPD.

- The Legislature should pass legislation to require long-term care facilities to submit a statement of financial position within the deadlines required under current law.

- OSHPD should update its April report to the Legislature on OSHPD's proposed disclosure activities if any significant changes are made. In particular, any modifications in OSHPD's proposal made in response to comment from Commissioners of the California Health Policy and Data Advisory Commission (CHPDAC) should be reported to the Legislature.

- To ensure that OSHPD implements SB 181 in a timely fashion, OSHPD should report to the Legislature every month on the progress of implementation.

STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY GEORGE DEUKMEJIAN, *Governor*

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
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(916) 322-5834

MAY 28 1985

Mr. Thomas W. Hayes
Auditor General
660 J Street, Room 300
Sacramento, CA 95814

Dear Mr. Hayes:

Thank you for the opportunity to respond to the Compass Consulting Group's report entitled "Report on Audit of Health Facility Data Collection and Disclosure Systems."

I am extremely pleased that the two critical questions asked of Compass, i.e.: 1) "whether the system of reporting and disclosure of health facility data enacted in [Chapter 1326, Statutes of 1984 (SB 181)] is equivalent to the requirements existing on December 31, 1984," and 2) "whether the system enacted by (SB 181) will be sufficiently developed to replace the existing system on January 1, 1986;" were both answered in the affirmative after an in-depth and impartial program audit.

I can assure you that this most positive beginning of the implementation of SB 181 will continue until the health facility data reporting and disclosure program in the State of California is a model for the nation. However, I would be remiss if I failed to give you some perspective and explanation of several of the report's findings. To that end, I am attaching for your review and consideration a brief, but extremely important, response which will describe certain factors, policies, and future plans in the continuing implementation of SB 181.

I appreciate the consideration shown to the staff and management of the Office of Statewide Health Planning and Development by the Compass Consulting Group staff as well as by your own staff. If I can be of any future assistance, please feel free to call on me.

Sincerely,

Larry G. Meeks
Director

Attachment

Response to Compass Consulting Group's Report Entitled "Report On Audit of Health Facility Data Collection and Disclosure Systems".

We fully concur with the following significant excerpted findings contained in the above referenced report:

A. "The Office of Statewide Health Planning and Development (OSHPD) now appears to have an achievable plan to assume health facility reporting and disclosure responsibilities from the California Health Facilities Commission (CHFC)." (Page 1)

B. "As presently proposed, OSHPD's reporting system would be comparable to CHFC's current system." (Page 1)

C. "After several revisions to the original work plan, OSHPD's March 29, 1985 work plan provides a complete and attainable implementation methodology." (Page 43)

D. "New health facility reports used by OSHPD to collect data will provide as much, if not more, useful information to users." (Page 1)

E. "OSHPD's proposed staffing, systems capability, and organizational structure would provide the technical expertise, system capability, and dedicated FTE comparable to CHFC's current organizational structure and resources." (Page 2)

F. "Although tasks related to the functional consolidation are scheduled to be completed after January 1, 1986, the data collection and disclosure requirements specified in SB 181 will be met." (Page 58)

We do not fully concur with several excerpted findings contained in the report. These exceptions are detailed below together with clarifying information.

A. "However, OSHPD must exercise greater commitment to project management, must do a better job of controlling work plan slippages and overruns ..." (Page 1)

Response: 1) OSHPD's commitment to the project was demonstrated by the convening of a high-level task force of both full-time and part-time dedicated staff. The staffing levels, viz., CEA II, SSM III, Health Planning Specialists and Managers I and II and associate staff are further evidence of OSHPD's commitment to accomplishing the provisions of SB 181.

2) The management workplan developed to direct the implementation of SB 181 contained 15 major components with approximately 500 separate tasks to be accomplished between the winter of 1984 and mid 1988. The copy of this workplan included in the Compass report shows that by March 1985 almost 45 percent of these tasks had been completed. Since March, significant additional progress has been made in several components including the new Advisory Commission, the regulatory process, and the specification of disclosure policies.

3) The so-called "slippage and overruns" neither compromised nor sacrificed the achievement of the major milestones necessary to accomplish the transition of function from CHFC to OSHPD. The conclusions by Compass detailed above offer conclusive proof for this position. This is true for the following reasons: a) the work plan was conceived as a guide and was presented as a "flexible" document which could be adjusted as the realities of working in a highly complex and sensitive environment took its toll in necessary resources and time; and b) through weekly, and frequently more often, meetings with component managers, project management staff kept major events on track and made timely adjustments to prevent any task from "falling through the cracks."

B. "OSHPD plans to continue CHFC current level of technical assistance to data users, but will eliminate CHFC's research function and significantly reduce consumer education and outreach activities." (Page 1)

Response: 1) One of the efficiencies that OSHPD has been able to attain in integrating the data collection and disclosure functions with its existing workload is a reduction in several positions used by CHFC for public liaison and research activities. These efficiencies are accomplished by using existing public information and research staff to perform those functions carried out by the 8.5 positions proposed to be eliminated from the CHFC on January 1, 1986.

2) For example, 3 professional and 1.5 support positions were eliminated from the CHFC Research Division. These positions were used to develop analyses of the impact of government policy and health facility behavior on the cost and quality of health care in California. Currently, staff in both the Health Planning and the Health Professions Division of OSHPD are engaged in similar research. Topics to be covered include:

- o The impact of de-regulation and competition on the cost, access, and quality of health services;
- o Development of health care enterprise zones as a solution to the maldistribution of health resources; and
- o The impact of alternative birthing methods on consumers and costs.

As these projects are completed, research resources will be available for other projects developed by the Office and the CHPDAC. Research resources currently assigned to the certificate of need (CON) program will also be available for redirection to the data division as CON phases out.

In addition, the Office intends to continue development of the Comparative Data (formerly called Economic Criteria for Health Planning) report and to update the

California Weighted Hospital Input Price Index, two research activities currently conducted by CHFC.

2) Consumer education at CHFC consisted of such activities as the Data Seminar program, the quarterly Bulletin, the monthly Focus program, and the Consumer Guide. These programs were coordinated by the CHFC Consumer Liaison Office (CLO); however, in most cases, the majority of the workload was the responsibility of staff in other divisions. For example, the Data Seminar program involved day-long sessions held in a number of cities throughout the State aimed at acquainting planners, industry representatives and other consumers with the uses of CHFC data. Although arrangements for the seminars were made by the CLO, presentations were all developed and made by other CHFC staff. Development of the Bulletin and coordination of the Focus program involved a similar allocation of responsibilities. Under the new system, activities such as those performed by the CLO will be the responsibility of the OSHPD Public Information Officer or the CHPDAC Executive Secretary. All other staff involved in these CHFC consumer education activities will be transferred to OSHPD and, therefore, available to perform similar roles.

   The Consumer Guide, which was discussed in the Compass report, was first developed approximately five years ago by CHFC. It is currently being revised for the first time. It is not updated annually as stated on page 36 of this report. OSHPD will continue to make the CHFC Consumer Guide available after 1/1/86. If, at some point in the future, the staff or the CHPDAC believe the Guide should be updated, staff will be made available to do so.

4) In addition to the above activities, OSHPD will enhance the existing consumer education program by using the resources of the HSAs. Contracts are being finalized with each HSA to:

   a) develop consumer education programs specific to the needs of their particular area and

b) assess the need for changes in OSHPD data disclosure policies to improve user access. OSHPD will, however, maintain full responsibility for seeing that consumer education programs uniformly meet the needs of data users.

5) Therefore, contrary to elimination and significant reduction in research, consumer education and outreach, these functions will be fully developed and staffed by OSHPD. Compass recognized this by its statement that "New health facility reports used by OSHPD to collect data will provide as much if not more, useful information to users." (emphasis added)

C. "Currently published individual facility data will still be available to the public on an unpublished basis, but there may be an increase in the time it takes OSHPD to process requests for this and other unpublished data."

Response: 1) As stated in the report, OSHPD will staff the request function by "... transferring all CHFC document sales staff to the Health Data Unit. If there is no increase in the workload of document sales staff, turnaround time on requests should not be affected."

2) OSHPD anticipates, however, that there may be an increase in workload due to the growing interest in health facility data and the restrictions on publication imposed by SB 181. To meet this workload OSHPD proposes to:

a) follow the suggestions outlined on p. 35 of this report to decrease the turnaround time for simpler requests;

b) utilize three staff transferred from the CHFC Research Division to respond to more complex requests and/or requests requiring significant amounts of technical assistance (It should be noted that this will approximately triple CHFC staff allocated to these activities.);

c) implement an ongoing system of monitoring request volume and turnaround time so that problems can be identified and remedied quickly.

Prior to receipt of the Compass report, OSHPD had initiated a major review of the SB 181 implementation plan. In light of several recommendations and comments contained in the Compass report, OSHPD will give top priority to accomplishing the following:

A. Preparation of a detailed plan for moving CHFC hardware, software and all data bases as soon as possible. In developing and implementing such a plan particular attention will, of course, be focused on safeguarding of CHFC's data base.

B. Preparation of a detailed plan for the system which OSHPD will use in disclosure activities required by SB 181.

Progress in these and other areas will be reported in monthly reports to the Legislature as recommended by Compass.

In summary, OSHPD generally agrees with the major findings of the Compass report especially as they relate to comparability of data and merger readiness. We believe, however, that in the specific areas to which we responded, the report provides a misleading description of the policies and/or implementation status of OSHPD. Finally, several concrete tasks were identified by Compass which need to be accomplished as soon as possible. OSHPD has made the commitment to accomplish these in an efficient and timely manner.

STATE OF CALIFORNIA
GEORGE DEUKMEJIAN, Governor

CALIFORNIA HEALTH FACILITIES COMMISSION
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May 28, 1985

Mr. Thomas W. Hayes
Auditor General
Office of the Auditor General
660 J Street, Suite 300
Sacramento, CA 95814

Dear Mr. Hayes:

Due to the limited time available to review the Report on Audit of Health Facility Data Collection and Disclosure Systems, the California Health Facilities Commission was unable to develop and formally adopt a response to the Report.

Commissioner George Ablin, M.D. has developed the enclosed response to be included in the Report.

Sincerely,

Jose Carlos/SH

JOSE CARLOS
Chair

Enclosure

STATE OF CALIFORNIA
GEORGE DEUKMEJIAN, *Governor*

CALIFORNIA HEALTH FACILITIES COMMISSION
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May 28, 1985

Mr. Thomas W. Hayes
Auditor General
Office of the Auditor General
660 J Street, Suite 300
Sacramento, CA 95814

Dear Mr. Hayes:

Thank you for this opportunity to respond to the Report on Audit of Health Facility Data Collection and Disclosure Systems, prepared by Compass Consulting Group under contract with your Office. The report is comprehensive, detailed and worthy of careful review. Considerable good effort was utilized. However, because of the limitations of time and paucity of historical facts and work experience history, the voluminous report does not fully answer the questions posed by the Legislature in SB 181; namely, will the reporting system be equivalent, will the disclosure system be equivalent, and will OSHPD be ready to assume these responsibilities on January 1, 1986? Considering the facts presented in the Report, and considering issues not addressed by the contractor, the conclusions that would appear to be warranted (though not stated in the Report) are:

1. Data reporting systems may not be equivalent;

2. Data disclosure activities are not equivalent; and,

3. OSHPD has not demonstrated readiness to assume responsibility for health facility data collection and disclosure on January 1, 1986.

I recognize, and the Report acknowledges, that Compass Consulting Group was placed in the difficult position of attempting to assess equivalence by comparing the proven performance of the Commission with the emerging and changing plans of OSHPD. The report is a plethora of statements of intent, proposals, hopes, sincere resolves, and qualified forecasts. The report includes such terms as "may", "could", "would", "should", and other contingent terms. Information from OSHPD has been general and incomplete. Since this information served as a major basis for much of the contractor's work, that work is subject to similar problems. Nonetheless, I believe that the key issues posed by the Legislature must be addressed adequately before proceeding with the implementation of SB 181.

Are the Reporting Systems Equivalent?

A stated purpose of SB 181 was to "minimize the reporting burdens on hospitals," yet the Report is completely silent on whether this goal has been attained. Based on the public statements of hospital representatives, the reporting burden will not be reduced, nor will it be equivalent to the current system -- rather it will be significantly increased.

The Report does not address the issue of data quality assurance. The Commission currently maintains a technically sophisticated system of computerized editing, professional review, and on-site verification of the data submitted by health facilities. In May of 1982, your Office released a report emphasizing the importance of such activities to assure data reliability and confidence. Without a thorough investigation of this dimension of the proposed reporting system, the assessment of equivalence is incomplete and raises questions as to the accuracy and reliability of data collected under the new system.

Further, the consolidated reporting form, which was transmitted to the Legislature in February and which formed the basis for Compass' evaluation of equivalence in this area, was (and still is) undergoing significant revision. Thus, any findings in terms of comparability of data collected must be considered to be tentative.

As well, the organizational analysis presented in the Report is not supported by any verifiable detail, such as organization charts and mission statements. Such detail is essential to assessing the integrity, and thus the equivalence, of data collection systems, structures, and procedures. In addition, no budget analysis was presented to ascertain the fiscal feasibility of the transition and the ongoing operating costs of OSHPD's program in comparison to the Commission's program. This should be one of the key considerations in evaluating equivalence.

Finally, there are a number of inaccuracies in this part of the Report. Appendix A, which indicates that data deleted by OSHPD are not needed or are available elsewhere, contains several significant errors and provides no detail specifying alternative sources for deleted data.

Accordingly, the Report does not provide sufficient information to determine whether the proposed reporting system is equivalent to the current CHFC system.

Are Disclosure Systems Equivalent?

The Report states that:

- Publications containing individual health facility data which have been produced by the Commission are useful to and needed by the public -- yet, they will no longer be produced by OSHPD.

- OSHPD intends to make similar data available to the public on a request basis but data will probably "be available on a less timely basis and at higher cost." I am concerned that the Report does not quantify this decrease in responsiveness and increase in cost to data users, and the Office to produce the data which could greatly retard public access to needed data. This degradation in public access is particularly questionable in view of Compass' finding that public requests for CHFC data are expected to increase in the coming year.

- OSHPD will not publish the Economic Criteria for Health Planning Report with individual facility data, nor the Consumer Guide to Health Care Costs. As shown in Appendix D, these publications are among the most important and widely used by health planners, purchasers, and others.

- OSHPD has decided to eliminate the Commission's policy analysis and research functions and its consumer education activities. In effect, this eliminates those activities undertaken by the Commission to provide meaningful information about health care cost issues to providers, employers, unions, senior organizations and the Legislature. The Compass user survey found such activities to be needed and useful.

- OSHPD is "hoping" that the State's Health Systems Agencies (HSAs) will help to fill the disclosure gap created by SB 181. No verifiable detail is provided on exactly what services the HSAs are capable of and prepared to provide the public in this regard, though an allocation of some $300,000 is proposed by OSHPD to support this activity by the HSAs. It is noteworthy that 100 percent of the health planners surveyed needed assistance in identifying their data needs and 80 percent needed assistance in clarifying the content of the data. Given this and the facts that only three HSAs have magnetic tape processing capability and two major metropolitan areas of the State have no HSA (Los Angeles and San Francisco), this hope for meaningful assistance from the HSAs in disclosure and technical assistance is simply not realistic for most of the State.

- "It is possible that in the future fewer individuals will be exposed to the data and learn how to use it to make efficient health care decisions."

These findings lead to the clear conclusion, which is not stated in the Report, that the OSHPD proposed disclosure systems are not equivalent to the Commission's current system.

Is OSHPD Ready to Assume These Responsibilities?

I am concerned about the finding that "OSHPD may not be ready to assume its SB 181 responsibilities for data collection and disclosure activities on time unless overruns and slippages are avoided in the future." Table 3-1 heightens this concern, showing that of ten tasks originally to have been completed to date, only two were completed on time; six were done three to ten weeks late; and two were rescheduled to be done four months later. The report contains a number of changes from original estimates of timing and deferred dates from the original implementation date of January 1, 1986 to "late 1986, through 1987. "Such a performance record, coupled with the lack of sufficiently detailed plans as noted in the Report, raise the very real possibilility that OSHPD will not be capable of implementing its system on time.

The report leaves a careful and objective reader of the report with no clear or firm assurance that what is required by legislative intent will be accomplished. In fact, there is a real risk of inability and/or failure to perform as required.

The conclusions are those of relative hope and intent, whereas the specifics in the report itself give the readers great pause and uneasiness in that these do not support the recommendations. The report describes serious shortcomings already demonstrated by OSHPD thus far which must be overcome to achieve success.

In conclusion, one must address the broader issue -- is this change appropriate? It is intended to reduce the reporting burden on health facilities and is not doing so. Rather, the only clearly identified effect of this change is to reduce public access to data needed to make informed and prudent decisions in today's emerging health care marketplace. Further, the cost of implementing this change is significant -- $300,000 simply to move CHFC staff and equipment and $300,000 to involve the HSAs in supplanting the proven disclosure systems of the Commission, not to mention potentially increased ongoing operating costs.

In summary, there is no conclusive evidence that the change will produce any positive results. However, one can easily conclude that the transition threatens California's position as one of the few states with a comprehensive, effective, and consumer-oriented health facility data disclosure program.

Sincerely,

George Ablin, M.D. fit

GEORGE ABLIN, M.D.
Commissioner

APPENDIX A

CHFC REPORT ITEMS DELETED IN OSHPD'S HOSPITAL INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT AND COMMENTS ON EFFECT OF DELETIONS

CHFC REPORT PAGE NUMBER, PAGE TITLE, AND CONTENTS	ITEMS DELETED IN CONSOLIDATED REPORT	COMMENTS
CHFC 0		
Hospital General Information and Certification	Previous state facility number if changed since last report	Previous state facility number can be determined from CHFC or OSHPD records.
Hospital name, address, phone, etc., and certification		
CHFC 1		
Hospital Description	Zip code (included elsewhere)	Zip code included on Hospital General Information and Certification Page.
Number of beds, physician specialties, etc.	Geographic origin of patients (estimated percents by major source - cities, counties, etc.)	This information can be better determined from the discharge data base information. The boundaries are open to interpretation, and the data is not comparable with data from other health facilities.
	Economic, ethnic or other patient characteristics of community of significance to the institution	Potentially useful in a regulatory sense to better understand the hospital's patient population. Age, sex, race, etc. can be better determined from information from the discharge abstract data base.
	Number of participants in prepaid programs	This information is limited by the definition of "prepaid" and is open to interpretation by each health facility. Therefore, the data is not useful without supporting information.

APPENDIX A

CHFC REPORT ITEMS DELETED IN OSHPD'S HOSPITAL INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT AND COMMENTS ON EFFECT OF DELETIONS

(continued)

CHFC REPORT PAGE NUMBER, PAGE TITLE, AND CONTENTS	ITEMS DELETED IN CONSOLIDATED REPORT	COMMENTS
CHFC 1 (continued)		
	Board-certified and Board-eligible physicians by specialty	The number of physicians on a medical staff is misleading since a physician may be a member of more than one hospital's medical staff. Board certification is a potential "unproven" surrogate for quality of care in an institution. However, being Board-eligible at one institution is misleading since they may be board eligible at one or more other institutions where they perform most of their practice.
	Number of physicians in endocrinology and hematology	Useful for undefined research purposes only.
	Number of general practice and family practice physicians are combined rather than separately identified.	Because it is difficult to discriminate between general and family practice, and because separate identification is unreliable, these were combined in order to reduce potentially misleading information.

APPENDIX A

CHFC REPORT ITEMS DELETED IN OSHPD'S HOSPITAL INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT AND COMMENTS ON EFFECT OF DELETIONS

(continued)

CHFC REPORT PAGE NUMBER, PAGE TITLE, AND CONTENTS	ITEMS DELETED IN CONSOLIDATED REPORT	COMMENTS
CHFC 3.1-3.6 Related Hospital Information Extensive description of related parties and related party transactions	All items deleted Costs incurred with related party greater than, $10,000 Costs incurred with hospital employee, board member, or medical staff Free services provided to related parties Costs paid over market Who approved costs paid over market Were excess funds earning interest Compensation of owners and relatives Funds not on balance sheet Financial arrangements of hospital departments with physicians Governing Board officers and members Abstracting firm for inpatient discharges Abstracting firm for outpatient visits Name and arrangement with prepaid health paln Hill Burton obligation NOIs or CONs in process Detail of costs with related parties Total dues paid to industry organizations Name of organization with dues greater than $1000 Total legal fees Is facility operated by a management firm Name and compensation of management firm Does administrator work for management firm Services provided by management firm Are amounts paid to management firm reported correctly	All information has been eliminated. This information is useful when a facility is reimbursed in a cost-reimbursement mode. This information indicates if the costs associated with outside parties are reasonable or not. However, because of the advent of prospective reimbursement and the rapid demise of cost reimbursement, this information is no longer useful for rate-setting purposes.

APPENDIX A

CHFC REPORT ITEMS DELETED IN OSHPD'S HOSPITAL INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT AND COMMENTS ON EFFECT OF DELETIONS

(continued)

CHFC REPORT PAGE NUMBER, PAGE TITLE, AND CONTENTS	ITEMS DELETED IN CONSOLIDATED REPORT	COMMENTS
CHFC 5		
Balance Sheet - Unrestricted Fund Assets, liabilities, and fund balance	Preferred stock par value Preferred stock - shares authorized and outstanding Common stock par value Common stock - shares authorized and outstanding Number of treasury stock shares	Information on the stock structure of the organization has been eliminated. This information can be determined through the SEC.
CHFC 6		
Balance Sheet - Restricted Fund Balances for specific purpose, plant replacement and endowment funds	Due date and interest rate of mortgage notes payable	This information reflects the interest rate paid on long-term debt. In a regulatory mode, a high rate suggests that further analysis is warranted.
CHFC 7		
Statement of Changes in Equity Separated by unrestricted and restricted funds	Detail of unrestricted fund (retained for general purposes, investigated in PPE, and Board-designated), totals provided, and transfer lines	Information provided at a more summary level for non-unrestricted funds.
CHFC 10		
Summary of Revenues and Costs Units of service, adjusted cost, allocated cost, and total patient care cost by routine and ancillary departments	Form deleted	Information can be determined elsewhere.

APPENDIX A

CHFC REPORT ITEMS DELETED IN OSHPD'S HOSPITAL INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT AND COMMENTS ON EFFECT OF DELETIONS

(continued)

CHFC REPORT PAGE NUMBER, PAGE TITLE, AND CONTENTS	ITEMS DELETED IN CONSOLIDATED REPORT	COMMENTS
CHFC 11		
Reclassification Worksheet Internal worksheet used by hospital to move cost in hospital account structure to CHFC account structure	Form deleted	Information cannot be determined elsewhere.
CHFC 12		
Supplemental Patient Revenue Information Gross revenues and contractual adjustments (inpatient and outpatient by Medicare and Medi-Cal) for each routine and ancillary service	Medicare inpatient contractual adjustments by cost center (totals continue to be reported) Medicare outpatient contractual adjustment by cost center (totals continue to be reported) Medi-Cal inpatient contractual adjustments by cost center (totals continue to be reported) Medi-Cal outpatient contractual adjustments by cost center (totals continue to be reported) Other inpatient deductions from patient revenue by cost center (totals continue to be reported) Other outpatient deductions from patient revenue by cost center (totals continue to be reported)	Given the state of the art of current hospital management information systems, this information is not accurate. Contractual adjustments are not "posted" to cost centers but only as a lump sum to a patient account. Summary level information is also provided, and the same criticism applies.
CHFC 12.1		
Supplemental Patient Revenue Information (Inclusive Rate Hospitals) Report revenues for inclusive rate hospitals	Form deleted	

APPENDIX A

CHFC REPORT ITEMS DELETED IN OSHPD'S HOSPITAL INTEGRATED DISCLOSURE AND MEDI-CAL COST REPORT AND COMMENTS ON EFFECT OF DELETIONS

(continued)

CHFC REPORT PAGE NUMBER, PAGE TITLE, AND CONTENTS	ITEMS DELETED IN CONSOLIDATED REPORT	COMMENTS
CHFC 14		
Supplemental Other Operating Revenue Information Non-patient services operating revenues (cafeteria, etc.)	Transfers for tuition and other educational revenue	Data element is divided into three subparts. Total of subparts provides same information as the CHFC report.
CHFC 17		
Trial Balance Worksheet and Supplemental Expense Information revenue producing centers Listing of expense type (salary, supplies, etc.) by routine and ancillary (revenue producing) cost centers	Reclassification and subtotal columns	Subtotal information can be determined elsewhere; reclassification information cannot be determined elsewhere.
CHFC 18		
Trial Balance Worksheet and Supplemental Expense Information non-revenue producing centers Listing of expense type (salary, supplies, etc.) by non-revenue producing cost centers	Reclassification and subtotal columns	Subtotal information can be determined elsewhere; reclassification information cannot be determined elsewhere.

A Report on

HEALTH FACILITY DATA DISCLOSURE

and

THE MANAGEMENT WORK PLAN

Office of Statewide Health
Planning and Development
April 1985

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EXECUTIVE SUMMARY

This report has been prepared in response to Senate Bill 181 (Chapter 1326, Statutes of 1884). The bill transfers the data collection authority of the California Health Facilities Commission (CHFC) to the Office of Statewide Health Planning and Development (OSHPD) on January 1, 1986. The CHFC is scheduled to sunset on that date. The bill also requires OSHPD to revise the disclosure program of the CHFC to conform with new provisions contained in SB 181 and to report to the Legislature on what those revisions are. Finally, the bill requires that this report include a work plan detailing the management steps to be taken to implement the act. The work plan is included as Appendix D of this report.

SB 181 makes the following changes to the data disclosure program:

1. It requires OSHPD to publish aggregate summaries of health facility data (hospitals and nursing homes). These summaries are to be published for geographic units no smaller than the Health Facility Planning Area (HFPA), which is a subcounty area used for health planning purposes. The publications should not allow for the identification of individual health facilities.

2. It requires OSHPD to combine data for HFPAs that have only one hospital or nursing home.

3. It requires OSHPD to make all data available to the public upon request. This includes published data and data directly from the individual report submitted by a health facility.

4. It requires OSHPD to summarize data from the individual report submitted by a health facility so that individual health facility data can be easily compared to data that is published in the aggregate.

5. It requires that OSHPD provide a copy of the health facility data set to local health planning agencies to improve access to data at the local level.

6. It requires OSHPD to establish a public liaison function to provide technical assistance to data users and further enhance the public's utilization of the data.

7. It requires OSHPD to conduct studies that will advance the purposes of the act.

Appendix C of this report contains a listing of those publications currently available through the CHFC. OSHPD will continue to publish all those CHFC publications that aggregate data above the HFPA level. OSHPD will incorporate into these publications HFPA data that is currently contained in CHFC publications of individual health facility data. For those HFPAs with only one hospital or nursing home, data will be combined with an adjacent HFPA for publication purposes. OSHPD would also combine data for HFPAs that have only one hospital or one long term care facility.

OSHPD will also publish data in aggregates that are not based on geographic boundaries. These aggregates will include facility type, peer group, type of control, facility size, type and level of care/service, principal diagnostic group, DRG, payor, and patient characteristics. Special studies of these and other aggregate data will be continued under OSHPD's disclosure program. These studies will include the aggregate data analysis conducted to produce the CHFC publication Comparative Data for California Health Facilities (formerly the Economic Criteria for Health Planning Report). Aggregate publications will be available at OSHPD for purchase by the public. Additionally, the publications will be routinely distributed to the local health planning agencies and libraries throughout the State.

OSHPD will make all health facility data available to the public upon request. The Office will also develop and make available summaries of individual health facility data that are readily comparable to the aggregate data contained in the publications described above. For example, if the average length of stay is calculated and displayed in an aggregate publication, then the average length of stay for each health facility will also be calculated and made available to the public upon request. In this way, much of the individual data currently included in publications of the CHFC will continue to be available to the public. Finally, OSHPD will continue to publish both aggregate and individual data from the CHFC's Hospital Quarterly Financial data base and incorporate those new data items that were added by SB 181.

The CHFC is frequently requested to develop customized listings of its data for members of the public. These requests generally fall into two categories: routine requests that can be easily generated with minimal staff and data processing resources and special requests which require a significant commitment of either professional or data processing staff resources. In the latter case, requests are filled to the extent that the resources are available. OSHPD will continue this service to the public. Requests for individual health facility data currently contained in CHFC publications will be processed as routine requests since they will require no new programming or professional staff resources.

As the health care environment changes, the data needs of the public and government will also change. Consequently, what data are routinely available and what data are published will also be subject to change. The new California Health Policy and Data Advisory Commission and OSHPD have a statutory mandate to review the continued need for data on an annual basis. The Office is also required to establish a public liaison function not only to conduct an ongoing evaluation of what data are useful to the public but also to provide technical assistance to the public on how to use the data. In this manner, not only the immediate needs of the public will be served but also those needs that are evolving in response to changes in the health care arena.

INTRODUCTION

Legislative Mandate

Under existing law, health facilities (hospitals and nursing homes) are required to report utilization and cost information to the California Health Facilities Commission (CHFC). This law will be repealed on January 1, 1986. New legislation, Senate Bill 181 (Chapter 1326, Statutes of 1984), became effective on January 1, 1985. This statute creates a new entity, the California Health Policy and Data Advisory Commission (CHPDAC). The new Commission assumes the functions of the State Advisory Health Council (SAHC) and the California Health Facilities Commission (CHFC) on January 1, 1986. These functions include development of state and local health facility and service plans, the collection and disclosure of health facility data, and the ongoing review of the State's data collection program. This statute also specifies that effective January 1, 1986, the Office of Statewide Health Planning and Development (OSHPD) shall be the single state agency designated to collect specified health facility data.

Chapter 1326 effects a variety of changes in the collection and disclosure of health facility data. The purpose of this report is to comply with the statute's requirement to report to the Legislature on OSHPD's revised disclosure program and on a work plan detailing the management steps to be taken to implement Chapter 1326. In addition to the work plan, this report will cover the following subjects:

1. The roles of OSHPD and CHPDAC in establishing and implementing disclosure policies;

2. OSHPD general policies regarding the disclosure of health facility data;

3. OSHPD's specific policies regarding the disclosure of aggregate and individual health facility data;

4. Methods to be used in disclosing individual and aggregate health facility data.

Role of CHPDAC and OSHPD

The CHPDAC will be a data policy commission to oversee OSHPD activities. Its oversight role includes key data collection and disclosure areas. OSHPD must seek CHPDAC advice regarding the scope of the Office's data collection and disclosure program on an annual basis. Specifically, OSHPD must annually consult with the CHPDAC in reviewing, revising, adding, or deleting data items, as necessary.

This annual consultation is to take the form of a report from CHPDAC to the OSHPD Director and specified Legislative committees regarding changes that should be made to existing data collection and disclosure activities.

The CHPDAC is also mandated to meet at least once every two months, and more often if necessary to fulfill the other duties listed in statute. These other duties include advising OSHPD on: changes to the uniform accounting system; modifications to the systems of health facility accounting and auditing; modifications to discharge data reporting requirements; reporting provisions for county hospital systems; reporting provisions for health facilities that receive a preponderance of their revenue from associated comprehensive group-practice prepayment health care service plans; maintenance of report files; proposed regulation changes; the format of individual health facility reports; and the compilation and publication of summaries of health facility data for the purpose of public disclosure. CHPDAC is also charged with the responsibility of conducting public meetings for the purposes of obtaining input from health facilities, data users, and the general public and of advising the Secretary of the Health and Welfare Agency on the formulation of general policies regarding that Chapter. In addition, the CHPDAC may also want to raise its own proposals for inclusion in OSHPD's overall data disclosure program.

The CHPDAC may also establish committees and appoint persons who are not members of CHPDAC to these committees. Also, whenever OSHPD and CHPDAC do not agree on a particular issue, written documentation if so requested is required within 30 days. Either body may appeal to the Secretary of the Health and Welfare Agency over disagreements on policy, procedural, or technical issues. In summary, the statute specifies a broad policy role for the CHPDAC and it establishes a process of interaction between CHPDAC, OHSPD, data users, providers, and the public to discuss a comprehensive list of issues relating to health facility data collection and disclosure.

HEALTH FACILITY DATA DISCLOSURE POLICIES AND PROCEDURES

Relevant Statutory References

SB 181 imposes some new statutory requirements and guidelines on data collection and disclosure that are identified in Appendix B. Section 443.35(c) establishes the major new requirements affecting health facility data disclosure policies. This guidelines generally change the manner in which individual facility data will be available. These new guidelines apply specifically to the CHFC's Hospital Discharge Data Program, the CHFC's Hospital Annual Financial Program (cost disclosure), and CHFC's Long Term Care Facility Program. The majority of the proposed policies in subsequent sections of this report focus, of necessity, on disclosure details surrounding these three data bases.

General Disclosure Policies

The following general health facility data disclosure policies are based on OSHPD's interpretation of the intent of Chapter 1326 and of its specific provisions.

1. As of January 1, 1986, there will be no changes in the disclosure, including publication, of data from the CHFC Hospital Quarterly Financial Program or from the OSHPD Annual Reports of Hospitals, Long Term Care Facilities, Clinics, and Home Health Agencies.

   Discussion:

   OSHPD will make no changes in the disclosure (including publication) of data not specified in Section 443.35(c). The one exception to this policy will be the CHFC Hospital Quarterly Financial Program, which will be expanded to collect new data items specified in the law. Publication of the "Quarterly Financial and Utilization Report Individual Hospital Data" and the "Quarterly Financial and Utilization Report--Aggregate Hospital Data" will continue. These publications will also contain the new data items to be collected.

2. OSHPD will establish and staff a public liaison function to provide technical assistance to the public.

   Discussion:

   Section 443.34(d) requires that OSHPD establish a public liaison function to provide technical assistance to the general public on the uses and applications of individual and aggregate health facility data and to provide the OSHPD Director and CHPDAC with an annual report on changes that can be made to improve the public's access to data. This public liaison will perform the following specific activities:

- o provide direct assistance and technical consultation to data users;
- o inform the public relative to what data is available and the potential uses of the data;
- o recommend changes for improving the public's access to the data base;
- o periodically report to the OSHPD Director and the CHPDAC regarding the uses and users of the data;
- o work to improve the usefulness of the data;
- o prepare guides that assist users and consumers in understanding the data;
- o assist in developing the OSHPD Annual Report to the Director on recommended improvements to enhance the public's access to data;
- o work with other OSHPD data staff and units to implement recommended improvements;
- o assist the CHPDAC Executive Secretary in the development of CHPDAC's Annual Report to the Director and Leglislature regarding changes that should be made to existing data collection systems and form; and
- o work with OSHPD data processing staff to ensure that data dissemination services are at state-of-the-art technology levels.

This function will operate as a distinct unit within OSHPD. This unit's staff will have access to all other OSHPD units so that any and all data issues can be investigated. The unit will report to the highest levels of OSHPD management.

3. Individually-identifiable health facility data from the Hospital Annual Financial Program, the Hospital Discharge Data Program, and the Long Term Care Facility Program formerly published by CHFC will not be published by OSHPD in its post-January 1, 1986, publications.

Discussion:

OSHPD will not continue to publish the following documents after January 1, 1986, because of the changes enacted in Health and Safety Code Section 443.35(d) by Chapter 1326: "Individual Long Term Care Facility Financial Data for California," "Individual Hospital Financial Data for California," and "Individual

Hospital Discharge Data for California." This section of the law also requires that OSHPD modify other publications to exclude single health facility categories. CHFC publications containing such categories include "Aggregate Long Term Care Facility Data," "Aggregate Hospital Financial Data California," "Aggregate Hospital Discharge Data Summary," "Aggregate Hospital Discharge Data for California," and Volumnes 1 and 2 and the (Economic Criteria for Health Planning Report). While the publication of these will continue, formats will be revised to conform to the new law.

4. OSHPD will continue to respond to requests for unpublished data from any heatlh facility data base it maintains.

   Discussion:

   Section 443.35(d) does not prohibit the disclosure of individually-identifiable health facility data. In fact, the law requires OSHPD to establish a public liaison function that would enhance that capability. Individual data users will be able to continue to acquire OSHPD data in formats that go beyond what is published or summarized in the individual health facility file. OSHPD will retain computer programming that will allow users to specifically request data in formats that have been used in all CHFC publications. The fact that users may make requests that are more focused to their own needs will allow for more efficient use of State resources.

Disclosure of Individual Health Facility Data

1. Individual health facility data will be summarized in a format that is readily comparable to the aggregate summaries that are published.

   Discussion:

   Health facility data will be disclosed in a variety of formats (see below). OSHPD will avoid major changes in historic disclosure processes and will continue, where not specifically prohibited by statute, a publication program that will be familiar to users of CHFC and OSHPD data. The capacity to generate data formerly in a CHFC publication is being maintained. In addition to this effort, OSHPD will also implement Section 443.34(c) of the statute. This section requires OSHPD to summarize the data for an individual health facility in a manner that facilitates comparison with published data aggregated on a geographic basis (e.g., by HFPA). To permit such comparisons, OSHPD will develop and maintain a file of individual report summaries. Individual report summaries will display individual report data in categories that match the categories used in all aggregate publications.

2. Individual health facility data from each health facility data program operated by OSHPD will continue to be available to the public in the following forms: hard copy of the individual report form pages or of the summary data from the report file; computer tapes of the data bases; computer-generated facsimile of original report form or summary data; and personal computer diskettes containing downloaded data bases.

   Discussion:

   The statute contains no prohibition on the disclosure of individual health facility data when such data can be disclosed without violating an individual patient's rights of confidentiality. It specifically requires that OSHPD maintain a file of all individual health facility reports it collects. To enhance disclosure of individual health facility data the statute requires that OSHPD use a variety of means to disclose this data, including, but not limited to, hard copies of individual report form pages. OSHPD will also provide to HSAs copies of data from individual reports collected frm facilities located in each HSA's area of jurisdiction. HSAs will then help disseminate copies of such data to area users.

Publication of Aggregate Health Facility Data

1. OSHPD will continue to publish those CHFC publications from the Hospital Annual Financial Program, The Long Term Care Facility Program, and the Hospital Discharge Data Program that contain aggregate health facility data, except where aggregations allow identification of individual facility data.

   Discussion:

   Section 443.35 imposes limited constraints on the future publication of some CHFC documents that contain aggregate health facility data. Some of these publications allow the identification of individual facilities because the aggregations they present contain only one health facility. In those cases, the one-facility aggregations will be combined in a manner to prevent the identification of a health facility. All other data contained in these documents will continue to be published in formats identical to those in CHFC publications.

   The publication entitled "Aggregate Long Term Care Facility Financial Data for California" will be continued. It provides aggregate data on bed capacity, number and percent of patient days of payor, HSA, ownership category, and type of care. It also provides occupancy, revenue, and expense data by the previously listed categories. Cost center data on wages and productive hours is also aggregated by HSA and ownership type, as is summary income statement, balance sheet, and financial ratio data.

The publication entitled "Aggregated Hospital Financial Data for California" will also be continued. It contains aggregate data on number of beds, revenue, and expenses by HSA, ownership, and peer group. It also contains similarly aggregated data on direct expenses by cost center. Finally, it contains aggregate balance sheet summaries, statements of income, and financial ratios by HSA, ownership and peer group.

The two aggregated discharge data publications will be continued. They contain data on hospital discharges by sex, age, race, payment sources, top 25 Diagnosis Related Groups (DRGs), and individual DRGs. They also include charge data by top 25 DRGs, individual DRGs, and payment source. These publications also contain data on discharges and patient days by admission source, payment source, and patient origin.

The publications "Comparative Data for California Health Facilities" (Volume 1 and 2) and "Comparative Data for Long Term Care Facilities" (also known as the ECHP Reports) will be revised to a greater extent than the previously-listed publicatons because they contain much facility-specific information in addition to aggregate data. The "ECHP Report" will continue to provide data on average expenses, number of patient days, and outpatient visits by HSA. It will also continue to contain summary measures (including expense per day, length of stay, revenue: expense ratio, and labor data) by HSA and peer groups. The facility-specific displays of these data items will no longer be published, nor will facility-specific gross revenue and net revenue by payor data. However, this publication, along with the relevant data summary contained in the individual facility file, will provide to a reader the majority of information contained in current "ECHP Reports." OSHPD will also continue CHFC's practice of adjusting facilities' fiscal year data into a common fiscal year so that data from individual reports can be compared with each other and with aggregate data.

2. OSHPD will publish aggregate data from the Hospital Annual Financial Program, the Long Term Care Facility Program, and the Hospital Discharge Data Program in geographic aggregations no smaller than the individual Health Facility Planning Areas (HFPAs).

Discussion:

To avoid publishing of aggregate data in formats that allow identification of individual hospital data, it will be necessary to avoid geographic aggregations smaller than individual Health Facility Planning Areas in the aggregate publications listed in #1 above. Geographic aggregations typically smaller than an HFPA include census tracts, city boundaries, and hospital districts. This prohibition will not significantly impair analysis of aggregate health facility data.

3. OSHPD will also continue to publish aggregate data from the Hospital Annual Financial Program, the Long Term Care Facility Program, and the Hospital Discharge Data Program in non-geographic aggregations (for example, ownership type, facility type, peer group, and DRG) as long as individual health facilities are not identified.

   Discussion:

   In some cases, it will be necessary to modify non-geographic aggregations that have historically been used by the CHFC because they contain only one health facility. These data will be grouped for publication purposes as an "Other" category. This practice will not pose a significant problem for data users since individual facility data will continue to be available in the individual report file off individual report forms or in individual report summaries. Publications will also list the individual facilities that comprise "Other" categories.

4. For publication purposes data from the Hospital Annual Financial Program, the Long Term Care Facility Program, and the Hospital Discharge Data Program for HFPAs containing only one health facility (either a hospital or a long term care facility) will be aggregated with data for an adjacent HFPA.

   Discussion:

   It will be necessary to modify the previously aggregate publications when HFPAs contain either a single hospital or a single long term care facility. In these situations, data will be aggregated with data from an adjacent HFPA. OSHPD will take into account patient flow patterns when selecting adjacent HFPAs for re-aggregation.

Requests for Data

Brief descriptions of readily available data and data tables, including individual facility reports, individual report summaries, and publications will be prepared and routinely updated. This listing will contain a general description of the data items contained in each output, the years for which data have been collected, and the cost of reproduction. This list will become the primary summary description of available data. OSHPD staff familiar with this list will be assigned to the public liaison function and will respond public requests for copies made by telephone or in person. A more detailed operating manual similar to the one currently prepared by CHFC will be produced and routinely updated with the advice of the CHPDAC. The revised OSHPD manual will detail procedures for providing copies of individual reports in the formats described in the Policies for Disclosure of Individual Reports. It will cover each of the previously described data bases.

Currently, CHFC is requested to develop custom tabulations of its data for members of the public. These requests generally fall into two categories: routine requests that can be easily generated with minimal staff and data processing resources and special requests that require a significant commitment of either professional or data processing staff resources. OSHPD will continue this service to the public. Requests for individual facility data that were formerly in a CHFC publication will be processed as a routine request since all the programming necessary to retrieve the data already exists. Costs associated with such requests will be minimal since new data programming will not be necessary.

Availability of Disclosure Documents

All reports submitted by health facilities to both CHFC and OSHPD are public documents and accessible to the public. The original reports (or photocopies thereof) can be viewed at OSHPD or photocopies of reports from individually requested facilities can be purchased. Back files of all report forms submitted to CHFC and OSHPD and all publications resulting from reported data will be maintained and available. Reports forms submitted after January 1, 1986, will also be maintained and publicly accessible.

Annual disclosure reports submitted to CHFC for recent years have also been available as a computer-produced facsimile of the original. The facsimile also contains additional items calculated by CHFC from the data submitted by the facility. Facsimilies produced by CHFC in the past will be available upon request from OSHPD after January 1, 1986. Facsimilies will also be produced by OSHPD from report forms submitted after January 1, 1986, and will be available to the public on the same basis as before (that is, upon request and payment of a charge). Computer files of data from facility reports submitted to CHFC and OSHPD have been available to the public in the form of purchaseable computer tapes (from CHFC and OSHPD) and floppy disks (CHFC). The public will continue to be able to purchase these materials from OSHPD after January 1, 1986.

OSHPD has published research memoranda and summary "Data Updates." These will continue to be available to the public upon request. Materials and reports published by CHFC (and available from CHFC for a fee) will continue to be available from OSHPD after January 1, 1986. For a detailed analysis of those reports, see Appendix C.

Data made available by CHFC have been in the form of copies of individual facility reports (or facsimiles thereof), computer tapes, published reports, or data listings and analyses done by special request, to the specifications of the requestor. Data made available by OSHPD have been in the form of copies of individual facility reports or data tables listings, summarizing, or aggregating data

from individual facilities. Master copies of these OSHPD data tables are maintained (hard copy) by OSHPD, and copies can be purchased by the public at a nominal fee. These tables have been produced from the annual reports submitted by hospitals, nursing homes, clinics, and home health agencies. Similar data tables will continue to be produced and publicly available.

APPENDIX A

APPENDIX A

DESCRIPTION OF CHFC'S AND OSHPD'S CURRENT DISCLOSURE PROGRAMS.

1. The California Health Facilities Commission currently collects and discloses detailed cost, discharge, utilization, and service inventory data from health facilities throughout California, including patient-specific medical, demographic, and payment data on all patients discharged from California hospitals. In addition to the collection and disclosure of health facility data, CHFC also conducts research studies, and maintains a public information program. CHFC has operated under the authority of the California Health Facilities Disclosure Act, which established a system of uniform accounting, uniform reporting, and public disclosure of health facility data. CHFC has interpreted the objectives of this Act as it pertains to public disclosure to be:

   - To encourage economy and efficiency in the provision of [health facility] services.
   - To enable public agencies which purchase [health facility] services to do so in an informed manner.
   - To encourage both public and private payors to establish fair and reasonable reimbursement rates [for health facility services].

CHFC currently manages four health facility data bases:

- The Hospital Quarterly Financial Program.

  This data base provides individual hospital summary financial and utilization data from all hospitals on a quarterly basis. Information available includes expenses and charges per day and per discharge, capital expenditures, and occupancy rates. Data are available from the first quarter of 1980 forward.

- The Hospital Annual Financial Program.

  This data base consists of detailed cost, financial, service, and statistical information on all acute care hospitals in California on an annual (facility fiscal year) basis and is much more comprehensive than the Quarterly program. Information includes revenue by payor and cost center, expenses by cost center and natural classification (labor, supplies, etc.) and key financial statistics. Annual data are available beginning with 1975.

- o The Hospital Discharge Data Program.

  This data base consists of sixteen key data elements, including total charges and multiple diagnoses and procedures, on all patients discharged from California hospitals. Hospitals have the option of reporting this data on an annual, semi-annual or quarterly basis. These data are available beginning with July, 1981.

- o The Long Term Care Facility Program.

  This data base consists of detailed financial and statistical data on an annual (facility fiscal year) basis from all skilled nursing and intermediate care facilities. Information includes revenue and days by payor, expenses by cost center, wages and hours by employee classification and key financial statements. Data are available beginning with 1977.

Data from the above data bases have been disclosed to the public in a variety of ways, including copies of individual reports, summaries of key data items from individual reports, and reports and publications of aggregated data which compare and contrast individual facilities on key data items. (Appendix C to this Report is a detailed chart which lists and describes CHFC standard publications and outputs.) Special requests for individual and aggregate data (in user-specified formats) is also made available to the public at a reasonable cost and, workload permitting, upon the discretion of the CHFC Executive Director. CHFC assists data users in purchasing standard publications and output, and in requesting special data output displays. CHFC routinely reviews and modifies existing disclosure procedures.

CHFC not only accepts public requests for information but also conducts meetings on how to use its data, publishes brochures on its data program, issues press releases on aggregate data, and issues or assists California's twelve Health Systems Agencies (HSAs) to issue local press releases comparing local data to the Statewide averages.

2. The Office of Statewide Health Planning and Development currently collects and discloses detailed utilization and service inventory data on licensed health facilities, clinics, and home health agencies throughout California, including general acute care facilities and long term care facilities. In addition to the collection and disclosure at health facility/service data, OSHPD also performs a variety of special services for other state agencies, conducts research studies independently and in conjunction with HSA's, and maintains a public information program. OSHPD has operated under the authority of legislation which established a health planning, certificate of need review, and utilization/service inventory data collection program. The four data bases currently managed by OSHPD are:

- The Annual Report of Hospitals.

  This data base consists of utilization and service inventory data from all acute care facilities in California on an annual, calendar year basis. Facilities such as acute care hospitals, acute psychiatric facilities, and acute chemical dependency recovery facilities are required to report data, including patient days, by licensed bed category, discharges by bed category, set up beds, and bed and special service capacity and utilization. Data are available from 1976 forward.

- The Annual Report of Long Term Care Facilities.

  This data base consists of utilization, patient demographics, and service inventory data from all skilled nursing (SNF) and intermediate care facilities (ICF) in California on an annual (calendar year) basis. Data are available from 1976 forward.

- The Annual Report of Clinics.

  This data base consists of utilization, service inventory, patient demographics, and financial (income and operating costs) data from all licensed clinics in California on an annual (calendar year) basis. Data are available from 1976 forward.

- The Annual Report of Home Health Agencies.

  This data base consists of utilization, patient demographics and diagnoses, and service inventory data from all licensed home health agencies in California on an annual basis. Data are available from 1968 forward.

OSHPD collects this data primarily for its own programs (health planning, certificate of need, health professions development, and facilities development) and for HSAs. What data it collects is determined by what OSHPD programs need, although data items are sometimes added at the request of other governmental agencies. Data it collects is also made available to the public. The public can access or purchase copies of individual facility reports or computer tapes containing all facility reports. OSHPD also distributes, at nominal cost, data tables in two formats:

- Lists of individual facilities, displaying data specific to each facility.

- Aggregations by geographic areas, aggregations by ownership type, by bed size, or by other selected variables.

OSHPD also makes available a "Hospital Profile" which lists key data from each hospital but without any aggregation, summary, commentary, or analysis. OSHPD's data reports with narrative or commentary are short (two page) data summaries produced once or twice a year (per facility type). OSHPD will sometimes perform a special computer tabulation for a data user of data items not available in any standard table, with the expectation that the tabulation may be of later use to other users. However, OSHPD does not currently accept requests for special computer runs or computer tapes other than copies of the standard tape, except from other state agencies. OSHPD has one unit dedicated to disclosure activities. This unit accepts calls from persons who want information, assists them to decide what information they seek, and explains individual data items.

APPENDIX B

APPENDIX B

The following parts of Chapter 1326 relate to disclosure. Their intent is relatively clear and, at this time, they need no further interpretation:

"443.33

(d) The office shall make available at cost, to all interested parties, a hard copy of any hospital report referred to in subdivision (a), (b), or (c) of this section and in addition to hard copies, shall make available at cost, computer tapes of the hospital reports . . . unless the office determines that an individual patient's rights of confidentiality would be violated. In addition, the office shall provide at no cost, one copy of each individual health facility report or a computer tape thereof to each area health planning agency."

"443.35

(a) The office, with the advice of the commission, shall maintain a file of all the reports filed under this part at its Sacramento office. Subject to such rules as the office, with the advice of the commission, may prescribe, these reports shall be produced and made available for inspection upon the demand of any person, with the exception of hospital discharge abstract data which shall be available for public inspection unless the office determines that an individual patient's rights of confidentiality would be violated.

(b) Copies certified by the office as being true and correct copies of reports properly filed with the office pursuant to this part, together with summaries, compilations, or supplementary reports prepared by the office, shall be introduced as evidence, where relevant, at any hearing investigation, or other proceeding held, made, or taken by any state, county, or local governmental agency, board, or commission which participates as a purchaser of health facility service pursuant to the provisions of a publicly financed state or federal health care program. Each of these state, county, or local governmental agencies, boards, and commissions shall weigh and consider the reports made available to it pursuant to the provisions of this subdivision in its formulation and implementation of policies, regulations, or procedures regarding reimbursement methods and rates in the administration of these publicly financed programs."

"443.35

(d) In order to assure that accurate and timely data are available to the public in useful formats, the office shall establish a public liaison function. The public liaison shall provide technical assistance to the general public on the uses and applications of individual and aggregate health facility data and shall provide the director and the commission with an annual report on changes that can be made to improve the public's access to data.

The following part of Chapter 1326 provides a new set of guidelines on data disclosure:

"443.35

(c) The office, with the advice of the commission, shall compile and publish summaries of the data for the purpose of public disclosure. The commission shall approve the policies and procedures relative to the manner in which data is disclosed to the public. The summaries shall be limited to aggregate summaries no smaller than health facility planning areas. The summaries shall identify and allow for meaningful comparison of individual health facility planning areas as well as statewide data, and shall permit comparisons to be made between the summaries covering a particular period and individual health facility reports made available pursuant to subdivision (d) of Section 443.33. In those health facility planning areas where there is only one health facility, data shall be reported in aggregates larger than one health facility planning area. The office shall attempt to aggregate the data in a manner that does not allow the identification of an individual health facility. The office, with the advice of the commission, may initiate and conduct studies as it determines will advance the purposes of this part."

APPENDIX C

CHFC STANDARD OUTPUTS

DESCRIPTION							Proposed Changes After January 1, 1986
NAME OF REPORT(1) (See Below for Detailed Names)	DATA BASE	TYPE OF DATA(3) (See Below for Meaning of Codes)	FREQUENCY OF DATA COLLECTION	IS DATA FOR INDIVIDUAL FACILITIES DISPLAYED? (2)	BASIS FOR DISTRIBUTION	DATA AGGREGATED BY (Besides State Totals)	
PUBLICATIONS							
1. Qtrly FUR-Ind.	Qtrly Hospital	UT FI	Quarterly	Yes	Publication	HSA	Revised to include new data items collected after 1/1/86
2. Qtrly FUR-Agg.	Qtrly Hospital	UT FI	Quarterly	NO	Publication	HSA, peer group, type of control	Revised to include new data items collected after 1/1/86.
3. Ind. LTCF Data for California	LTC Annual	UT FI ST SV	Annual (facil's FY)	Yes	Publication	HSA, HFPA	Will not be published.* HFPA total will be moved to rpt #4, below
4. Agg. LTCF Data for California	LTC Annual	UT FI ST	Annual (facil's FY)	No	Publication	HSA, facil type, control type, size	Will include HFPA totals. Single facil HFPAs will be merged.
5. Ind. Hosp Data for California	Hospital Annual	UT FI	Annual (facil's FY)	Yes	Publication	HSA, HFPA	Will not be published.*
6. Agg. Hosp Data for California	Hospital Annual	UT FI	Annual (facil's FY)	No	Publication	HSA, peer group, type of control	Will include HFPA totals. Single hosp HFPAs will be merged; single hosp peer groups will be displayed as a residual
7. IHDD for California	Hospital Discharge	UT DX	Varies (added to CY)	Yes	Publication	HSA, HFPA	Will not be published*
8. Agg. HDD for California	Hospital Discharge	UT DX	Varies (aggregated to CY)	No	Publication	HSA, peer group, patient characteristics (e.g., age and sex)	Will include HFPA totals. Single hosp HFPAs will be merged; single hosp peer groups will be displayed as a residual
9. ECHP, 1984 Vol 2, LTC	LTC Annual	FI	Annual (facil's FY)	Yes	Publication	Quartiles by HSA & facil type. Total oper expense aggregated by HSA.	Individual facility data will be deleted.*
10. ECHP, 1984, Vol 1, Hosp	Hospital Annual	FI	Annual (facil's FY)	Yes	Publication	Quartiles for peer groups, & for peer groups within HSAs Total oper expense aggregated by HSA	Display of individual hosp data will be deleted.* Not by peer groups WITHIN the HSAs. Single hosp peer groups will be displayed as a residual.
OUTPUTS							
11. Hosp Cost Summary Rpts (CIHR)	Hospital Annual	UT FI SV ST	Annual (facil's FY)	Yes	Computer print-out. By specific request.	No aggregation (single facility)	Expanded
12. CIFR	LTC Annual	UT FI ST	Annual (facil's FY)	Yes	Computer print-out. By specific request	No aggregation (single facility)	None
13. IHDDS	Hospital Discharge	UT DX charges	Varies (aggregated to CY)	Yes	Computer print-out. By specific request.	No aggregation (single facility)	None
14. ECHP, 1984, Detailed HOS Data	Hospital Annual	UT FI	Annual (facil's FY)	Yes	Packet by request	Quartiles for peer groups/HSAs	Will be available not as a packet but for individual hosp on request.

*Data displays formerly included may be produced upon special request (computer printouts).

NOTES:

1. Photocopies of original reports and computer-produced facsimiles thereof are not listed; they will be available as before.
2. Reports data for individual facilities by name (other than just name, location, size, peer group, etc.).
3. Codes for type of data:
   UT = utilization (patient days, discharges, operations, visits, etc.)
   FI = financial (income, revenue, costs, expenditures, etc.)
   SV = services (number of beds by type of care, etc.)
   ST = staffing (nursing hours, physicians, etc.)
   DX = diagnosis (data pertaining to patient characteristics, such as age, sex, residence, diagnosis, expected payment source, etc.)

DETAILED NAME OF REPORTS:

1. Quarterly Financial and Utilization Report -- Individual Hospital data
2. Quarterly Financial and Utilization Report -- Aggregate Hospital Data
3. Individual Long-Term Care Facility Financial Data for California
4. Aggregate Long-Term Care Facility Financial Data for California
5. Individual Hospital Financial Data for California
6. Aggregate Hospital Financial Data for California
7. Individual Hospital Discharge Data for California
8. Aggregate Hospital Discharge Data for California
9. Comparative Data for California Health Facilities, Vol. 2: Long-Term Care Facilities (Data Covering FY 1982-83 and FY 1983-84)
10. Comparative Data for California Health Facilities, Vol. 1: Hospital (Data Covering FY 1982-83)
11. Commission Individual Hospital Report (complete print-out, per hospital)
12. Commission Individual Facility Report (computer print-out, per nursing home)
13. Individual Hospital Discharge Data Summaries (computer print-out, per hospital)
14. Detailed Hospital Data ("Data Packets", by HSA or by peer groups, to accompany item 16, above)

APPENDIX D

THE MANAGEMENT WORK PLAN

Office of Statewide Health
Planning and Development
April 1985

EXPLANATORY NOTE

The management work plan which follows was first developed in November, 1984 and has undergone several revisions as circumstances dictated. It is a dynamic document made flexible by its form and open to modification by the realities of the work environment. The attached version is the latest and includes the status of each task as of March 29, 1985. This work plan will enable OSHPD to accomplish the smooth transition of functions and policies required by the provision of SB 181, Chapter 1326, Statutes of 1984.

The work plan consists of fifteen separate components each with a qualified individual identified as component manager with responsibility for insuring the timely completion of each task and sub-task identified within the component.

The planning for consolidation and the management of the work plan are discrete activities. However, they lead clearly and directly to the ongoing data collection and dissemination program to be administered by OSHPD in accordance with Legislative and Executive intent.

Component	Task	Description	Staff	Begin Date	End Date	Status
1.0		DEVELOPMENT OF A MASTER WORKPLAN	AL	10/09/84	11/14/84	C-11/14/84
1.1		A COMPLETE WORKPLAN	AL	10/09/84	11/14/84	C-11/14/84
	1.1.1	Develop model for plan components	AW	10/09/84	10/15/84	C-10/15/84
	1.1.2	Review plan components	AL	10/09/84	10/14/84	C-10/14/84
	1.1.3	Present model decision memo format	AL	10/03/84	10/09/84	C-10/09/84
	1.1.4	Revise by component managers	TF	10/09/84	11/14/84	C-11/14/84
1.2		OSHPD PARTICIPATION	AL	10/09/84	10/31/84	C-10/31/84
	1.2.1	Schedule T/F meeting	AL	10/09/84	10/09/84	C-10/09/84
	1.2.2	"Firm up" staff assignments	EM	10/09/84	10/12/84	C-10/09/84
	1.2.3	Set due dates	AL	10/10/84	10/12/84	C-10/12/84
	1.2.4	Work with T/F members	AL	10/03/84	11/14/84	C-11/14/84
	1.2.5	Report progress to Director's Office	EM	10/09/84	10/31/84	C-10/31/84
1.3		COMPLETE DRAFT MASTER WORK PLAN	AL	10/05/84	11/14/84	C-11/14/84
	1.3.1	"Mock up" master work plan	AL	10/05/84	10/09/84	C-10/09/84
	1.3.2	Consolidate workplan components	RM	10/18/84	10/31/84	C-10/31/84
	1.3.3	Review of complete draft	TF	10/29/84	10/30/84	C-10/30/84
	1.3.4	Revision of draft	TF	10/26/84	10/30/84	C-10/30/84
	1.3.5	Prepare pert charts	RM	10/26/84	10/30/84	C-10/30/84
	1.3.6	Prepare workplan binder	AL	10/30/84	10/31/84	C-10/31/84
	1.3.7	Present final draft to Director's Office	AL	10/31/84	10/31/84	C-10/31/84
	1.3.8	Revise master workplan	AL	10/31/84	11/14/84	C-11/14/84
	1.3.9	Directors Approval of workplan	LM	11/14/84	11/14/84	C-11/14/84

C = Completed

Component	Task	Description	Staff	Begin Date	End Date	Status
2.0		CONSOLIDATION OF HOSPITAL COST REPORTS	AW	10/02/84	12/31/87	
2.1		DETERMINE REVISION NEEDED	JB	10/02/84	11/15/84	C-10/15/84
	2.1.1	Identify items which may be dropped from the Medi-Cal Medicare Cost Report (MMCR)	JB	10/02/84	10/15/84	C-10/15/84
	2.1.2	Identify items which may be dropped from the CHFC Disclosure Report (DR)	JB	10/02/84	10/15/84	C-10/15/84
	2.1.3	Identify differences between remaining MMCR and DR items	JB	10/16/84	10/31/84	C-10/15/84
	2.1.4	Separate differences into those reconcilable using existing systems and crossover worksheets and those not reconcilable	JB	10/22/84	11/15/84	C-11/09/84
	2.1.5	Assign the non-reconcilable items to the future system improvement effort-see Task 2.6.2	JB	11/08/84	11/15/84	C-11/08/84
2.2		DEVELOP REVISED CONSOLIDATED REPORT FORM AND INSTRUCTIONS	JB	10/02/84	11/15/85	
	2.2.1	Identify pages/cells affected	JB	10/02/84	11/15/84	C-11/09/84
	2.2.2	Identify any changes needed to affected pages	JB	10/02/84	11/15/84	C-11/09/84
	2.2.3	Develop draft cross-over worksheets	JB	10/15/84	12/07/84	C-11/09/84
	2.2.4	Draft mock-up of revised form package	JB	10/15/84	01/15/85	C-11/09/84
	2.2.5	Write preliminary draft instructions	JB	combined w/ 2.4.2		
	2.2.6	Internal review of draft package of forms CHFC DHS OSHPD	JB	02/04/85	02/15/85	C-01/24/85
	2.2.7	From comments develop second draft package	JB	02/18/85	03/01/85	C-02/11/85

Component	Task	Description	Staff	Begin Date	End Date	Status
	2.2.8	External review of draft package	JB	03/19/85	04/30/85	
	2.2.9	Final revision of report consolidation package based on external review comments	JB	05/01/85	05/15/85	
	2.2.10	Review and approval to implement consolidated report form	EM	05/20/85	05/24/85	
	2.2.11	Draft regulations & process - if necessary/ see Task #11.0	JR	06/30/85	11/15/85	
2.3		GAIN TECHNICAL ADVISORY REVIEW	AW	10/10/84	11/21/84	C-12/10/84
	2.3.1	Identify and contact interested organizations to solicit nominees for a technical advisory committee	LL	10/10/84	10/26/84	C-10/26/84
	2.3.2	Draft letter soliciting nominees participation	LL	10/10/84	10/18/84	C-10/23/84
	2.3.3	Select names of persons and mail letter	EM	10/18/84	10/26/84	C-11/06/84
	2.3.4	Compile a committee list from acceptances	EM	11/09/84	11/09/84	C-11/13/84
	2.3.5	Provide background briefing materials to participants	DH	11/19/84	11/19/84	C-12/04/84
	2.3.6	Schedule meeting to get acquainted, answer questions and establish review process	EM	11/15/84	11/15/84	C-12/04/84
	2.3.7	Develop review process proposal for review and approval	AW	11/15/84	11/18/84	C-12/04/84
	2.3.8	Review and approval of process proposal	EM	11/19/84	11/19/84	C-12/04/84
	2.3.9	Hold initial technical review committee meeting	EM	11/21/84	11/21/84	C-12/10/84
	2.3.10	Provide draft proposals to committee for review & comment when appropriate	AW	11/21/84	11/21/84	C-12/10/84
2.4		IMPLEMENT CONSOLIDATED REPORT FORM	JB	05/27/85	12/31/86	
	2.4.1	Mock-up form for composing and printing	JB	05/27/85	05/31/85	
	2.4.2	Write instructions for revised form completion	JB	05/27/85	06/14/85	
	2.4.3	Test form & do final revision if needed	JB	06/01/85	06/14/85	
	2.4.4	Order and stock blank forms	JB	06/15/85	06/15/85	

Component	Task	Description	Staff	Begin Date	End Date	Status
	2.4.5	Determine modifications needed to process new form	JB	05/27/85	06/07/85	
	2.4.6	Decide implementation strategy (parallel existing system with revised)	JB	06/03/85	06/07/85	
	2.4.7	Modify processing system for new form (expand-sub task lists)	JH	06/10/85	07/31/85	
	2.4.8	Determine number of copies the facilities will need to submit	JB	07/08/85	07/17/85	
	2.4.9	Test system modifications using new form & sample data	JH	08/05/85	09/20/85	
	2.4.10	Mail new forms to facilities	JB	10/01/85	10/01/85	
	2.4.11	Process new parallel system while phasing out old process system	TF	04/30/86	12/31/86	
	2.4.12	Discontinue processing old forms	JB	12/31/86	12/31/86	
2.5		PRODUCE REPORT TO LEGISLATURE	AW	10/03/84	12/31/84	C-02/04/85
	2.5.1	Devise reports consolidation strategy for phasing	AW	10/03/84	10/09/84	C-10/09/84
	2.5.2	Review & approval of strategy	WW	10/09/84	10/09/84	C-10/09/84
	2.5.3	Following initial report consolidation development, write draft report to legislature	AW	12/10/84	12/14/84	C-12/14/84
	2.5.4	Internal review of draft	AW	12/14/84	12/17/84	C-12/18/84
	2.5.5	Write second draft	AW	12/17/84	12/19/84	C-12/21/84
	2.5.6	Internal review and revision	AL	12/20/84	12/21/84	C-12/28/84
	2.5.7	HWA review, if necessary	WW	12/24/84	12/27/84	C-12/27/84
	2.5.8	Revise, if necessary	AW	12/27/84	12/27/84	C-12/27/84
	2.5.9	Final draft to HWA for approval	WW	12/28/84	12/28/84	C-01/10/85
	2.5.10	Report submitted to Legislature	AW	12/31/84	12/31/84	C-02/04/85

Component	Task	Description	Staff	Begin Date	End Date	Status
3.0		DEVELOP THE BUDGETS	RM	10/01/84	06/30/86	
3.1		PREPARE A PLACEHOLDER BCP FOR CURRENT AND BUDGET YEARS	RM	10/01/84	11/02/84	C-10/11/84
	3.1.1	Estimate budget year expenditures	GP	10/01/84	10/04/84	C-10/04/84
	3.1.2	Estimate transition costs for current year	RM	10/01/84	10/04/84	C-10/04/84
	3.1.3	Identify major budget issues associated witn the CHFC transfer	RM	10/01/84	10/04/84	C-10/04/84
	3.1.4	Obtain legal opinion on the CHFC authority to charge fees	EM	10/01/84	11/02/84	Not needed
	3.1.5	Determine budget approach for subsequent budget events	RM	10/01/84	10/10/84	C-10/10/84
	3.1.6	Meet with Agency	WW	10/11/84	10/11/84	C-10/11/84
	3.1.7	Meet with Finance	LM	10/02/84	10/11/84	C-10/11/84
	3.1.8	Submit BCP to Finance	RM	10/01/84	10/11/84	C-10/11/84
3.2		PREPARE A FINAL BUDGET	RM	10/12/84	11/15/84	C-12/06/84
	3.2.1	Obtain from Finance the budget prepared by CHFC for first half of budget year	JW	10/16/84	10/19/84	C-11/05/84
	3.2.2	Identify functions certain not to be transferred	RM	10/12/84	10/16/84	C-11/06/84
	3.3.3	Identify redundant administrative activity	RM	10/12/84	10/16/84	C-11/06/84
	3.3.4	Prepare the final BCP	GP	10/19/84	10/26/84	C-11/08/84
	3.2.5	Prepare supporting schedules (including program narrative)	JW	10/26/84	11/13/84	C-11/14/84
	3.2.6	Obtain Agency approval	WW	11/01/84	11/14/84	C-11/14/84
	3.2.7	Deliver and defend documents to DOF	JW	11/02/84	11/15/84	C-12/06/84
3.3		CONFIGURE AND DETERMINE THE COST OF A COMBINED ORGANIZATION	RM	03/01/85	06/15/85	
	3.3.1.0	Analyze functions of CHFC and OSHPD	RM	03/02/85	03/31/85	C-03-31-85
	3.3.1.1	Identify statutory requirements	GP	03/02/85	03/31/85	C-03-31-85
	3.3.1.2	Identify outputs	GP	04/01/85	04/28/85	
	3.3.1.3	Review data inputs and determine necessity based on outputs	GP	04/01/85	04/28/85	

Component	Task	Description	Staff	Begin Date	End Date	Status
	3.3.1.4	Determine the processes necessary to connect inputs to outputs	GP	03/01/85	04/30/85	
	3.3.2.0	Conceptualize the prospective organization	RM	04/01/85	04/30/85	
	3.3.2.1	Define the operational and support functions necessary to produce the desired outputs	GP	04/01/85	04/30/85	
	3.3.2.2	Determine the impact on existing OSHPD unit	GP	04/01/85	04/30/85	
	3.3.2.3	Redefine the 3.3.2.1 and 3.3.2.2 functions in terms of an amalgamated process	RM	04/01/85	04/30/85	
	3.3.2.4	Produce a functional organizational structure	RM	04/15/85	04/30/85	
	3.3.3.0	Develop a staffing plan	RM	05/15/85	05/31/85	
	3.3.3.1	Determine skills and skill levels needed to perform the duties identified for each function	GP	05/01/85	05/15/85	
	3.3.3.2	Determine the number of employees needed by skill and skill level to produce the specified outputs	GP	05/15/85	05/31/85	
	3.3.3.3	Determine the number of employees needed by skill and skill level to perform any other program service specified by law	GP	05/15/85	05/31/85	
	3.3.3.4	Determine the number of employees needed by skill and skill level to perform support services	GP	05/15/85	05/31/85	
	3.3.4.0	Determine the operating expenses	GP	06/01/85	06/15/85	
	3.3.4.1	Transition expense	GP	06/01/85	06/15/85	
	3.3.4.2	Contracting expense	GP	06/01/85	06/15/85	
	3.3.4.3	EDP expense	GP	06/01/85	06/15/85	
	3.3.4.4	Other expense	GP	06/01/85	06/15/85	
	3.3.5.0	Determine the adequacy of fees	GP	06/01/85	06/15/85	
	3.3.5.1	Prepare an analysis of expenditures to determine appropriate fee level	GP	06/01/85	06/15/85	
	3.3.5.2	Change fee regulation, if necessary	GP	06/01/85	06/15/85	

Component	Task	Description	Staff	Begin Date	End Date	Status
3.4		PREPARE THE 1986-87 BUDGET	RM	06/17/85	10/15/85	
	3.4.1	Determine the base changes from the proposed FY 1985-86 budget	GP	06/17/85	07/14/85	
	3.4.2	Prepare the new budget based on FY-1986-87 Finance instructions	JW	07/15/85	10/15/85	
3.5		PERFORM AN EMPIRICAL REVIEW OF THE WORK PROCESSES TO VALIDATE OR CHANGE CONCLUSIONS REACHED IN THE 1985 NORMATIVE DETERMINATION OF WORKLOAD	RM	04/01/86	06/30/86	
3.6		DETERMINE THE INITIAL FEE (See 11.2)	GP	01/07/85	01/14/85	C-01-14-85

COMPONENT 4
3nd Revision
1326 TASK FORCE
March 29, 1985

Component	Task	Description	Staff	Begin Date	End Date	Status
4.0		FORMATION OF THE NEW COMMISSION	DH	09/15/84	11/15/85	
4.1		DESIGNATE COMMISSION COORDINATOR	LM	09/20/84	10/22/84	C-10/04/84
4.2		IDENTIFICATION OF CANDIDATES	DH	09/15/84	12/10/84	
	4.2.1	Solicit nominees internally	DH	09/15/84	10/01/84	C-09/28/84
	4.2.2	Preliminary list to D.O.	DH	10/03/84	10/03/84	C-10/01/84
	4.2.3	Potential recommendations to Agency	WW	10/03/84	10/09/84	C-10/15/84
	4.2.4	Meet with Agency Staff	LM	10/15/84	10/25/84	C-10/22/84
	4.2.5	Meet with Governor's Appointment Secretary	LM	10/25/84	10/29/84	C-10/29/84
	4.2.6	Solicit nominees externally	LM	10/20/84	11/23/84	C-11/23/84
	4.2.7	Fact sheet re Commission-draft	DH	09/20/84	10/01/84	C-09/26/84
	4.2.8	Fact sheet reviewed/approved	LM	10/01/84	10/22/84	C-10/11/84
	4.2.9	Nominees screened	LM	10/23/84	11/15/84	C-11/15/84
	4.2.10	Telephone follow-up to potential nominees	DH	12/03/84	12/07/84	C-11/21/84
	4.2.11	List compiled	DH	12/07/84	12/10/84	C-12/10/84
4.3		APPOINTMENT OF MEMBERS	DH	12/12/84	04/15/85	
	4.3.1	Nominees to Agency	LM	12/12/84	12/12/84	C-12/12/84
	4.3.2	Follow-up by OSHPD/meet with Agency staff	EM	12/17/84	12/19/84	C-12/12/84
	4.3.3	Nominees to Governor	DS	12/12/84	12/20/84	C-12/21/84
	4.3.4	Follow-ups with Appointments Secretary/meet with Secretary	EM	01/02/85	01/31/85	C-12/21/84
	4.3.5	Determination of individuals to be appointed	GD	12/20/84	01/31/85	C-12/22/84
	4.3.6	Appointment documents to Commission members	LM	01/31/85	05/01/85	
	4.3.7	Monitor return/processing of appointment documents	DH	02/01/85	05/15/85	
	4.3.8	Public announcement by Governor re appointments	DH	01/31/85	05/01/85	
	4.3.9	Public announcement by Governor re appointment of Chair	DH	01/31/85	05/01/85	
	4.3.10	Compile resumes/photos of members	DH	03/01/85	06/01/85	

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Component	Task	Description	Staff	Begin Date	End Date	Status
4.4		ESTABLISH PROCEDURAL GUIDELINES	DH	10/29/84	05/15/85	
	4.4.1	Draft of Rules and Procedures	DH	10/29/84	04/15/85	
	4.4.2	Final review by Legal	JR	11/16/84	05/01/85	
	4.4.3	Internal review/approval	WW	12/04/84	05/01/85	
	4.4.4	Agency review/approval	WW	12/19/84	05/10/85	
	4.4.5	Discuss with Commission Chair (Assuming Chair appointed)	EM	01/31/85	05/15/85	
	4.4.6	Draft copies to Commission	DH	03/01/85	05/17/85	
	4.4.7	Review/adoption by Commission	DH	03/15/85	06/03/85	
	4.4.9	Approved/revised copies to Commission; internal and all interested parties	DH	05/06/85	06/15/85	
4.5		APPOINTMENT OF EXECUTIVE SECRETARY	DH	11/15/84	11/15/85	
	4.5.1	Draft of duty statement/salary	DH	11/15/84	11/22/84	C-11/22/84
	4.5.2	Discussion with SBP/DPA	CP	11/16/84	11/28/84	C-11/23/84
	4.5.3	Review/approval of Duty Statement	WW	11/28/84	04/15/85	
	4.5.4	Duty statement to Agency for comment	EM	12/03/84	04/30/85	
	4.5.5	Discuss with Commission Chair	EM	01/31/85	05/15/85	
	4.5.6	To Agency for concurrence	EM	03/05/85	05/20/85	
	4.5.7	To Commission for review/approval	NC	04/01/85	06/03/85	
	4.5.8	Recruitment of candidates	DH	04/15/85	07/14/85	
	4.5.10	Review of candidates	SC	06/15/85	07/20/85	
	4.5.13	Selection of Executive Secretary	NC	09/25/85	09/25/85	
	4.5.14	Obtain approval by Agency Secretary	DH	09/25/85	09/30/85	
	4.5.15	Orientation of Executive Secretary	DH	10/15/85	11/15/85	
	4.5.16	Space and support staff arrangments	DH	05/20/85	06/20/85	
4.6		ORIENTATION OF NEW COMMISSION TO DUTIES AND RESPONSIBILITIES	DH	12/01/84	04/15/85	
	4.6.1	Draft agenda (See 4.4.6, 4.5.7)	DH	10/01/84	04/15/85	

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Component	Task	Description	Staff	Begin Date	End Date	Status
	4.6.2	Review/comment draft agenda	EM	12/17/84	04/20/85	
	4.6.3	Preliminary budget developed	DH	11/05/84	11/23/84	Completed
	4.6.4	Review/approval of budget	LM	11/26/84	05/01/85	
	4.6.5	Budget to Agency	EM	12/10/84	05/06/85	
	4.6.6	Preparation of background materials	DH	10/01/84	05/03/85	
	4.6.7	Select date, location of initial meeting	DH	01/15/85	05/03/85	
	4.6.8	Discussion of agenda/budget/ materials, dates with Commission Chair	LM	03/01/85	05/03/85	
	4.6.9	Distribution of meeting packet to Commission	DH	03/10/85	05/16/85	
	4.6.10	Update of fully developed presentation with visuals for orientation (See 15)	DH	03/01/85	03/22/85	C-03/22/85
	4.6.11	Briefing of Director	EM	03/29/85	05/20/85	
	4.6.12	Briefing of Agency Secretary	LM	04/05/85	05/21/85	
	4.6.13	Initial meeting/orientation	DH	04/15/85	06/03/85	

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Component	Task	Description	Staff	Begin Date	End Date	Status
5.0		DEVELOPMENT OF NEW DISCLOSURE FORMATS	EL	10/22/84	12/31/86	
5.1		REVIEW OF EXISTING FORMATS	EL	10/22/84	05/03/85	
	5.1.1	Determine what output formats have been used, for each of the following databases: DHS/Medi-Cal Cost Reports, CHFC/ LTC Report, OSHPD/LTC Report, OSHPD/Annual Report of Clinics, CHFC/Hospital Discharge Abstract Reports, CHFC/Annual Hospital Report, OSHPD/Annual Report of Hospitals, and CHFC/ Quarterly Hospital Reports	EL	10/22/84	11/15/84	C-11/15/84
	5.1.2	Identify current output formats of most importance to data users, according to CHFC and OSHPD	KU	11/01/84	11/14/84	C-11/14/84
	5.1.3	Determine restrictions on output formats as established in Chapter 1326	EL	11/01/84	04/19/85	
	5.1.3.1	Review 746 Task Force report	KU	11/01/84	11/06/84	C-11/06/84
	5.1.3.2	Review Chapter 1326	KU	11/07/84	11/09/84	C-11/09/84
	5.1.3.3	Identify apparent restrictions needing clarification/inter-pretation	KU	11/01/84	11/09/84	C-11/09/84
	5.1.3.4	Draft discussion memo	KU	11/09/84	11/20/84	C-11/17/84
	5.1.3.5	Submit discussion memo to T.F. and revise as needed	EL	11/21/84	12/28/84	C-01/25/85
	5.1.3.6	Draft policies, rules, procedures regarding standard disclosure output formats and regarding responses to requests for spec. listings and aggregations	EL	04/01/85	04/19/85	
	5.1.4	Review formats that have been used given new policies and proce-dures on disclosure formats	KU	04/19/85	05/03/85	
5.2		DEVELOPMENT OF NEW DISCLOSURE OUTPUT FORMATS	EL	05/06/85	06/07/85	
	5.2.1	Determine possible types of output formats for each database, given new policies and procedures:	EL	05/06/85	05/17/85	

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		Hard copy/photocopy, hard copy/computer-produced, computer tape, and summaries/compilations/ aggregations (distinguish between whether added by versus listed by) in any of the following types of groupings: by HSA, by HFPA, by Peer Group, State totals only, by ownership, by county, special listings/aggregations done by special request, by size of facility, and any other groupings.				
	5.2.2	Identify changes planned to data collected which would impact output formats	KU	04/01/85	04/12/85	
	5.2.3	Draft proposed disclosure output formats	KU	05/20/85	06/07/85	
5.3		REPORT TO THE LEGISLATURE	EL	02/08/85	04/01/85	
	5.3.1	Draft report to the Legislature, summarizing findings and describing the type of disclosure output formats proposed	KU	02/08/85	02/21/85	C-03/11/85
	5.3.2	Internal review (Task Force and Directors Office), and subsequent revision as necessary	EL	02/22/85	03/14/85	C-03/28/85
	5.3.3	External review (Agency), and subsequent revision as necessary	EM	03/15/85	03/29/85	
	5.3.4	Submit report to the Legislature	EM	04/01/85	04/01/85	
5.4		CHPDAC REVIEW OF PROPOSED FORMATS	EL	03/15/85	09/16/85	
	5.4.1	Draft policies and procedures relative to the manner in which data are to be disclosed to the public and other state agencies	EL	03/15/85	04/08/85	
	5.4.2	CHPDAC review of policies proposed in 5.1.3.6 and 5.4.1, and subsequent revision as necessary	EL	04/08/85	05/31/85	

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Component	Task	Description	Staff	Begin Date	End Date	Status
	5.4.3	CHPDAC review of types of formats, as proposed in 5.2.3, and subsequent revision as necessary	EL	04/08/85	05/31/85	
	5.4.4	For each major section in each database listed in 5.1.1 and in the consolidated hospital report (component 2.0), draft detailed proposed outputs	EL	04/08/85	07/31/85	
	5.4.4.1	Determine what previous outputs can be continued without change and which will be deleted	EL	04/08/85	05/10/85	
	5.4.4.2	Construct mock-ups of new outputs	EL	05/10/85	06/28/85	
	5.4.5	Internal review of proposed output formats, and subsequent revision as necessary	EL	06/28/85	07/31/85	
	5.4.6	CHPDAC review of proposed output formats and subsequent revision as necessary	EL	08/01/85	09/16/85	
5.5		IMPLEMENT APPROVED DISCLOSURE REPORTS	EL	08/01/85	12/31/86	
	5.5.1	Inform data users of CHPDAC approved policies (from 5.4.1) and scheduled output formats	EL	09/16/85	10/01/85	
	5.5.2	Develop detailed output specifications, and transmit to Data Processing	EL	08/01/85	10/15/85	
	5.5.3	Produce and distribute individual facility reports, copies of computer tapes, and summaries of these data, via the Technical Liaison	EL	01/01/86	12/31/86	

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Component	Task	Description	Staff	Begin Date	End Date	Status
6.0		CONSOLIDATION OF DATA PROCESSING SYSTEMS	JH	11/01/84	10/31/88	
6.1		INVENTORY OF EXISTING DATA PROCESSING RESOURCES (includes hardware, software, systems and personnel)	JH	11/01/84	12/14/84	
	6.1.1	Develop Inventory Form	JH	11/01/84	11/07/84	C-11/07/84
	6.1.2	Inventory CHFC	JH	11/08/84	12/14/84	C-11/28/84
	6.1.3	Inventory OSHPD	JH	11/08/84	12/14/84	C-11/20/84
	6.1.4	Inventory DHS (Medi-Cal Cost Report only)	JH	11/08/84	12/01/84	C-12/01/84
6.2		NEEDS ASSESSMENT	JH	11/01/84	04/30/86	
	6.2.1	Feasibility study report (FSR) on equipment consolidation	JH	01/15/86	04/30/86	
	6.2.1.1	Analyze feasibility of OSHPD utilizing CHFC's computer	JH	01/15/86	03/31/86	
	6.2.1.2	Analyze feasibility of CHFC utilizing the HWDC computer	JH	01/15/86	03/31/86	
	6.2.1.3	Analyze feasibility of combining key entry services	JH	04/01/86	04/15/86	
	6.2.1.4	Analyze feasibility of acquiring computer software support	JH	04/16/86	04/30/86	
	6.2.2	Consult with Admin. on moving CHFC equipment (10.1.1)	JH	11/01/84	12/31/85	
	6.2.3	FSR on report consolidation (2.0)	JH	11/12/84	12/31/84	C-02/26/85
	6.2.3.1	Define alternative methods of processing Medi-Cal Cost Report	JH	12/01/84	12/31/84	C-12/31/84
	6.2.3.2	Define alternative methods of processing Disclosure Report	JH	11/12/84	12/31/84	C-11/30/84

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Component	Task	Description	Staff	Begin Date	End Date	Status
6.3		IMPLEMENT DATA PROCESSING CHANGES	JH	05/01/85	10/01/88	
	6.3.1	Implement equipment consolidation (if feasible	JH	07/01/86	06/30/87	
	6.3.1.1	Modify OSHPD existing computer programs	JH	07/01/86	11/15/86	
	6.3.1.2	Run OSHPD parallel systems test	JH	11/16/86	12/31/86	
	6.3.1.3	Debug OSHPD program errors	JH	11/20/86	12/31/86	
	6.3.1.4	Modify CHFC existing computer programs	JH	07/01/86	11/15/86	
	6.3.1.5	Run CHFC parallel systems test	JH	11/16/86	12/31/86	
	6.3.1.6	Debug CHFC program errors	JH	11/20/86	12/31/86	
	6.3.1.7	Write P.I.E.R. report on equipment consolidation	JH	06/01/87	06/30/87	
	6.3.2	Implement equipment move	JH	08/01/85	03/15/86	
	6.3.2.1	Notify all vendors of CHFC DP equipment of move date	JH	08/01/85	08/02/85	
	6.3.2.2	Take backup copies of all CHFC data files	JH	12/23/85	12/31/85	
	6.3.2.4	Run systems test at new site	JH	01/03/86	01/06/86	
	6.3.2.5	Debug operations errors	JH	01/06/86	01/10/86	
	6.3.2.6	Approve vendors installations	JH	01/10/86	01/13/86	
	6.3.3	Implement rept consolidation(2.0)	JH	05/01/85	08/31/86	
	6.3.3.1	Set key entry procedures	JH	05/20/85	06/14/85	

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Component	Task	Description	Staff	Begin Date	End Date	Status
	6.3.3.6	Write data input programs	JH	05/01/85	01/31/86	
	6.3.3.7	Run system test	JB	02/01/86	03/31/86	
	6.3.3.8	Document system	JH	02/01/86	04/01/86	
	6.3.3.9	Begin production processing (Phase I)	JH	04/30/86	04/30/86	
	6.3.3.10	Develop report programs	JH	04/01/86	12/31/86	
	6.3.3.11	Revise consolidate report FSR	JH	07/01/86	08/01/86	
	6.3.3.12	Implement integrated report system (Phase II)		09/01/86	10/31/88	
	6.3.3.13	Write report consolidation P.I.E.R.	JH	02/01/89	04/30/89	

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Component	Task	Description	Staff	Begin Date	End Date	Status
7.0		INDIGENT REVENUE DATA	LL	10/10/84	03/30/85	
7.1		IDENTIFICATION OF EXISTING PROBLEMS	LL	10/10/84	11/30/84	C-12/12/84
	7.1.1	Identify all existing sources of county indigent care revenue data	MN	10/10/84	10/31/84	C-10/31/84
	7.1.2	Identify any proposed changes to indigent care revenue data sources, including, but not limited to, consolidation of cost reports	MN	10/31/84	11/15/84	C-11/15/84
	7.1.3	Identify existing OSHPD statutory/regulatory authority to amend reporting systems without new authorizing legislation	MN	10/19/84	11/15/84	C-11/28/84
	7.1.4	Review comments submitted by Carol Emmott of California Association of Public Hospitals (CAPH)	MN	11/15/84	11/19/84	C-12/05/84
	7.1.5	Survey other governmental collectors/users and private sector users of county indigent care revenue data to clarify user problems, (including, but not limited to, DHS' Medi-Cal and Office of County Health Services (OCHS) staff, and CHFC)	MN	11/15/84	11/19/84	C-11/29/84
	7.1.6	Prepare internal memo that lists problems identified through 7.1.4 and 7.1.5	MN	11/20/84	11/21/84	C-12/12/84
	7.1.7	Internal review of problem list memo (Chapter 1326 Task Force and Director's Office) including decision on whether or not to coordinate DHS/OCHS's indigent data system with subsequent OSHPD activities	MN	11/22/84	11/26/84	C-12/28/84
	7.1.8	Review problem list Memo with CHFC staff (Jay Benson)	MN	11/27/84	11/29/84	C-11/29/84
	7.1.9	Review problem list memo with Carol Emmott	MN	11/27/84	11/29/84	C-12/12/84
	7.1.10	Revise problem list memo, as necessary	MN	11/27/84	11/29/84	C-12/12/84

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Component	Task	Description	Staff	Begin Date	End Date	Status
	7.1.11	Brief Advisory Health Council (as item in Director's Report)	EM	11/30/84	11/30/84	C-11/30/84
7.2		IDENTIFICATION OF SOLUTIONS	LL	11/29/84	12/18/84	
	7.2.1	Develop memo containing a comprehensive list of alternative solutions; each solution is evaluated on a cost/benefit basis and according to relative statutory/regulatory flexibility; identify staff-recommended solutions including resolution of any duplicative statutory obligations (DHS and OSHPD)	MN	11/29/84	12/05/84	C-01/12/85
	7.2.2	Internal review of solution memo	MN	12/05/84	12/07/84	C-01/15/85
		Revise solution memo as necessary	MN	12/07/84	12/10/84	C-12/10/84
		External review of solution memo (Emmott, users)	MN	12/10/84	12/11/84	C-02/07/85
	7.2.3	Revise solution memo as necessary	MN	12/11/84	12/12/84	C-01/18/85
	7.2.4	Distribute solution memo to California Hospital Association (CHA), CAPH, and County Supervisors Association of California (CSAC) (in advance of meetings)	MN	12/18/84	12/18/84	C-01/31/85
•7.3		MEETINGS WITH CHA, CAPH, AND CSAC	LL	12/14/84	01/08/85	
	7.3.1	Set up individual discussions	MN	12/14/84	12/18/84	C-02/07/85
	7.3.2	Prepare discussion agendas	MN	12/18/84	12/18/84	C-02/07/85
	7.3.3	Discuss with CHA	MN	12/18/84	12/20/84	C-02/07/85
	7.3.4	Discuss with CAPH	MN	12/18/84	12/20/84	C-02/07/85
	7.3.5	Discuss with CSAC	MN	12/18/84	12/21/84	C-02/07/85
	7.3.6	Revise solution memo (as a result of discussions)	MN	12/21/84	12/27/84	C-02/13/85
	7.3.7	Internal review of solution memo	MN	12/27/84	12/28/84	C-02/14/85
	7.3.8	Revise solution memo as necessary	MN	12/28/84	12/31/84	C-02/04/85

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Component	Task	Description	Staff	Begin Date	End Date	Status
	7.3.9	Distribute solution memo to CHA, CAPH, CSAC for oral (telephone) comments	MN	12/31/84	12/31/84	C-02/15/85
	7.3.10	Review oral comments with CHFC staff, revise solution memo as necessary	MN	12/31/84	01/02/85	C-02/16/85
7.4		REPORT ON LEGISLATIVE/REGULATORY CHANGES	LL	01/08/85	03/30/85	
	7.4.1	Prepare draft report using solution memo as basis	MN	01/08/85	01/11/85	C-02/19/85
	7.4.2	Brief Advisory Health Council (as item in Directors Report)	EM	01/11/85	03/22/85	C-03/18/85
	7.4.3	Internal review of report draft	MN	01/11/85	03/05/85	C-03/21/85
	7.4.4	Revise report draft, as necessary	MN	03/05/85	03/22/85	C-03/29/85
	7.4.5	Health and Welfare Agency (HWA) and Governor's Office review of report draft	MN	03/22/85	03/24/85	
	7.4.6	Revise report draft as necessary	MN	03/24/85	03/26/85	
	7.4.7	Revise/finalize report draft as necessary	MN	03/26/85	03/30/85	

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Component	Task	Description	Staff	Begin Date	End Date	Status
8.0		LEGISLATIVE OVERSIGHT	EM	10/03/84	06/30/86	
8.1		LEGISLATIVE HEARING	EM	10/11/84	10/25/84	C-10/25/84
	8.1.1	Determine scope of hearing	EM	10/18/84	10/18/84	C-10/18/84
	8.1.2	Prepare written testimony	EM	10/22/84	10/22/84	C-10/22/84
	8.1.3	Participate in hearing	EM	10/25/84	10/25/84	C-10/25/84
8.2		BRIEF THE LEGISLATIVE ANALYST	EM	01/09/85	01/16/85	On-Going
8.3		LEGISLATIVE AUDIT	EM	01/17/85	05/21/85	
	8.3.1	Meet with the Auditor General	EM	01/17/85	01/17/84	C-01/17/84
	8.3.2	Entrance interview	EM	02/27/85	02/27/85	C-02/27/85
	8.3.3	Appoint an audit coordinator	RM	03/01/85	03/01/85	C-03/01/85
	8.3.4	Exit interview	EM	04/30/85	04/30/85	
	8.3.5	Prepare response to audit report	EM	05/15/85	05/21/85	
8.4		REPORT TO LEGISLATURE-COST REPORT CONSOLIDATION (See 2.5)	EM	10/03/84	01/10/85	C-01/10/85
8.5		REPORT TO LEGISLATURE-DISCLOSURE OUTPUT FORMATS (See 5.5)	EM	02/08/85	04/01/85	
8.6		REPORT - INDIGENT REVENUE DATA (See 7.4)	EM	01/08/85	03/30/85	
8.7		BUDGET DEVELOPMENT (See 3.0)	EM	10/01/84	06/30/86	
8.8		CLEAN-UP LEGISLATION (See 12.0)	EM	10/01/84	06/30/86	

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Component	Task	Description	Staff	Begin Date	End Date	Status
9.0		ORGANIZATIONAL/EMPLOYEE UTILIZATION	CP	10/01/84	01/0/86	
9.1		ASSIST IN PREPARING FUNCTIONAL ORGANIZATIONAL STRUCTURE	CP	11/05/84	01/01/85	
	9.1.1	Work with Component 3.0	CP	03/01/85	05/01/85	
	9.1.2	Assist in preparing staffing requirements	CP	03/17/85	03/15/85	C-03/15/85
	9.1.3	Make recommendation on staffing to Director's Office	CP	03/16/85	03/31/85	C-03/31/85
	9.1.4	Secure Director's Office approval	CP	04/01/85	04/30/85	

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Component	Task	Description	Staff	Begin Date	End Date	Status
10.0		CONSOLIDATION OF ADMINISTRATIVE FUNCTIONS	JW	10/01/84	06/30/86	
10.1		SPACE REQUIREMENTS AND LOCATIONS	CP	10/01/84	12/01/85	
	10.1.1	Prepare issue memo and analysis	CP	10/01/84	10/28/84	C-10/29/84
	10.1.2	Make arrangements for space	CP	10/01/84	12/01/85	
	10.1.2.1	Receive staff need and organization chart	CP	11/01/84	11/01/84	C-10/29/84
	10.1.2.2	Submit space request to General Services	CP	10/01/84	03/01/85	C-11/29/84
	10.1.2.3	General Services selects space location	CP	11/01/84	03/01/85	C-03/15/85
	10.1.2.4	Develop space plan	CP	01/01/85	04/01/85	
	10.1.2.4.1	Consider realignment of existing OSHPD needs	CP	03/01/85	04/01/85	
	10.1.2.5	Identify and request new 04/01/85 wiring needs	CP	04/01/85	04/15/85	
	10.1.2.6	Request telephone study	CP	01/01/85	04/15/85	
	10.1.2.7	Order telephone equipment and wiring	CP	05/01/85	06/01/85	
	10.1.2.8	Request holes drilled	CP	06/01/85	06/11/85	
	10.1.2.9	Make move arrangements				
	10.1.2.9.1	Request bids for move	CP	07/01/85	10/15/85	
	10.1.2.9.2	Select bidder	CP	10/20/85	10/30/85	
	10.1.2.9.3	Designate move coordinators in Divisions	CP	10/11/85	10/15/85	
	10.1.2.10	Physical move	CP	11/15/85	12/01/85	
10.2		CONSOLIDATION OF BUSINESS SERVICES FUNCTION	CP	09/01/85	12/01/85	
	10.2.1	Modify Business Services policies to incorporate CHFC functions and personnel	CP	09/01/85	12/01/85	
	10.2.2	Consolidate Business Services function	CP	09/01/85	12/01/85	
	10.2.2.1	Inventory	CP	09/01/85	12/01/85	
	10.2.2.2	Purchase and subpurchase orders	CP	09/01/85	12/01/85	
	10.2.2.3	Service orders	CP	09/01/85	12/01/85	

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Component	Task	Description	Staff	Begin Date	End Date	Status
	10.2.2.4	Supply orders	CP	09/01/85	12/01/85	
	10.2.2.5	Mail and Messenger Service	CP	09/01/85	12/01/85	
10.3		CONSOLIDATION OF PROCEDURES AND POLICIES IN THE ADMINISTRATIVE MANUAL	CP	09/01/85	12/15/85	
10.4		CONSOLIDATION OF PERSONNEL FUNCTIONS	CP	09/01/85	12/01/85	
	10.4.1	Consolidate personnel procedures and policy	CP	09/01/85	12/01/85	
	10.4.2	Transfer records	CP	09/01/85	12/01/85	
	10.4.2.1	Payroll	CP	09/01/85	12/01/85	
	10.4.2.2	Personnel files	CP	09/01/85	12/01/85	
	10.4.2.3	Current and prior years transactions	CP	09/01/85	12/01/85	
10.5		CONSOLIDATE CONTRACTS	CP	09/01/85	12/01/85	
	10.5.1	Transfer records	CP	09/01/85	12/01/85	
	10.5.2	Consolidate contract procedures	CP	09/01/85	12/01/85	
10.6		CONSOLIDATE WORD PROCESSING SYSTEM	CP	11/01/84	12/01/85	
	10.6.1	Request General Services review for combining Wang equipment, Four Phase equipment and upgrading Silver Reed equipment	CP	11/01/84	01/01/85	C-12/15/84
	10.6.2	Combine Word Processing equipment	CP	04/01/85	12/01/85	
10.7		CONSOLIDATE GRAPHICS FUNCTION	CP	11/01/85	12/01/85	
10.8		CONSOLIDATE ACCOUNTING AND BUDGETING FUNCTIONS	PC	07/01/85	12/01/85	
	10.8.1	Consolidate accounting and budgeting procedures and policies	PC	07/01/85	12/01/85	
	10.8.2	Transfer records	PC	07/01/85	12/01/85	

COMPONENT 10
3rd Revision
1326 TASK FORCE
March 29, 1985

Component	Task	Description	Staff	Begin Date	End Date	Status
10.9		CONSOLIDATE CIVIL RIGHTS, AFFIRMATIVE ACTION AND LABOR RELATIONS FUNCTIONS	MH	10/01/85	12/01/85	
	10.9.1	Consolidate procedures and policies	MH	10/01/85	12/01/85	
	10.9.2	Transfer records	MH	10/01/85	12/01/85	
10.10		CONSOLIDATE DATA PROCESSING FUNCTIONS (See item 6.0)	PC	11/01/85	12/01/85	
10.11		DEVELOP NEW ORGANIZATION	CP	11/01/84	06/30/86	
	10.11.1	Receive new organization chart incorporating CHFC functions	CP	01/02/85	06/30/85	
	10.11.2	Assign CHFC and OSHPD staff to new organinization personnel committee	CP	11/01/84	12/31/85	
	10.11.2.2	Committee meets to suggest reassignment of staff	CP	02/01/85	12/31/85	
	10.11.2.3	Obtain management approval of new assignment	CP	02/01/85	12/31/85	
	10.11.3	Obtain necessary personnel approvals of new organization and personnel transactions	CP	02/01/85	06/30/86	

Component 11
3rd Revision
1326 TASK FORCE
March 29, 1985

Component	Task	Description	Staff	Begin Date	End Date	Status
11.0		REGULATIONS	JR	10/15/84	12/27/85	
11.1		REVIEW OF EXISTING REGULATIONS	JR	10/15/84	12/28/84	C-12/15/84
	11.1.1	Obtain copies of all relevant regulations on data collection. Place Office Library on mailing list of existing CHFC, make sure Office is aware of all changes and proposed changes to regulations	JR	10/15/84	11/02/84	C-11/27/84
	11.1.2	Become totally familiar with all regulations of the CHFC. Also develop a familiarity with those regulations of the Office and the Department of Health Services that will be consolidated into the new regulations package	JR	11/02/84	11/30/84	C-11/27/84
	11.1.3	Identify the specific legal authority for each regulation	JR	11/30/84	12/28/84	C-12/15/84
	11.1.4	Contrast existing regulations with the statutory authority found in Chapter 1326	JR	11/30/84	12/28/84	C-12/15/84
	11.1.5	Determine which regulations will and will not have a legal basis on 01/01/86	JR	11/30/84	12/28/84	C-12/15/84
11.2		DEVELOP AND ADOPT FEE REGULATIONS	JR	01/10/85	05/03/85	
	11.2.1	Document and substantiate need to revise fee and prepare Initial Statement of Reasons	GP	01/10/85	01/14/85	C-02/11/85
	11.2.2	Draft regulation	GP	01/10/85	01/14/85	C-02/11/85
	11.2.3	Fiscal Office prepares fiscal statement, Form 399, and secures Department of Finance approval	JW	01/14/85	02/15/85	C-02/13/85
	11.2.4	Secure Health and Welfare Agency approval	JR	02/19/85	03/05/85	C-03/04/85
	11.2.5	Prepare and submit initial Pakcage to OAL	JR	03/05/85	03/19/85	C-03/18/85

Component 11
3rd Revision
1326 TASK FORCE
March 29, 1985

Component	Task	Description	Staff	Begin Date	End Date	Status
	11.2.6	Public comment	JR	03/19/85	05/13/85	
	11.2.7	Prepare final package	JR	05/13/85	05/27/85	
	11.2.8	Adopt and file final package with OAL	JR	05/27/85	06/03/85	
11.3		RECOMMENDATION FOR CHANGE TO REGULATIONS TO CHPDAC	JR	01/04/85	05/03/85	
	11.3.1	Maintain ongoing knowledge of Chapter 1326 implementation effort, and draft new regulation package and supporting documentation in conjunction with other task force efforts	JR	01/04/85	01/25/85	C-01/25/85
	11.3.2	Circulate first draft of regulations to implementation task force members	JR	01/25/85	02/15/85	C-02/04/85
	11.3.3	Receive input from task force and incorporate necessary changes. Prepare second and subsequent drafts	JR	01/25/85	02/15/85	C-03/01/85
	11.3.4	Obtain review and approval of proposed regulations from Chapter 1326 Project Manager and Director's Office	JR	02/15/85	05/03/85	
	11.3.5	Disseminate and explain draft of proposed new regulations to CHPDAC, CHPDAC Executive Director, Department of Health Services and other interested parties (hospitals, consumer groups, etc.)	JR	03/01/85	05/03/85	
	11.3.6	Meet with CHPDAC, the Advisory Health Council and the various groups and individuals who express an interest and explain and discuss proposed regulations	JR	03/01/85	05/03/85	
	11.3.7	Incorporate suggested changes where appropriate. Obtain review and approval of proposed changes from Chapter 1326 Project Manager and Director's Office	JR	03/01/85	05/03/85	

Component 11
3rd Revision
1326 TASK FORCE
March 29, 1985

Component	Task	Description	Staff	Begin Date	End Date	Status
	11.3.8	Prepare final package of proposed regulations (including necessary repealers, amendments, and new adoptions)	JR	04/19/85	05/03/85	
11.4		INITIATION OF FORMAL REGULATIONS PROCESS	JR	02/08/85	05/03/85	
	11.4.1	Task Force members assemble factual data and basis for proposed regulations	JR	02/08/85	05/03/85	
	11.4.2	Development of mailing list of interested parties (include CHFC mailing list) by Task Force and Regulations Unit	JR	01/04/85	04/19/85	
	11.4.3	Preparation of Initial Statement of Reasons by Task Force with assistance of Regulations Unit	JR	02/08/85	03/29/85	
	11.4.4	Fiscal Office prepares fiscal statement, Form 399, and secures Department of Finance approval	JW	03/01/85	04/05/85	
	11.4.5	Submit proposed regulations to Health and Welfare Agency for review and approval	JR	04/05/85	05/03/85	
	11.4.6	Determination of close of public comment period (or data/ location of public hearing) by Task Force	JR	02/08/85	05/03/85	
	11.4.7	Regulations Unit prepares public notice and makes arrangement for mass mailing for public notice	JR	04/19/85	05/03/85	
	11.4.8	Regulations Unit prepares public notice package for submittal to OAL. Package to include public notice, draft of proposed regulations and Initial Statement of Reasons	JR	04/19/85	05/03/85	

Component 11
3rd Revision
1326 TASK FORCE
March 29, 1985

Component	Task	Description	Staff	Begin Date	End Date	Status
11.5		SUBMIT INITIAL PACKAGE TO OAL FOR PUBLICATION OF NOTICE	JR	05/03/85	05/24/85	
	11.5.1	Secure OAL approval of package within 3 days of filing	JR	05/03/85	05/24/85	
	11.5.2	Order mass mailing of public notices	JR	05/03/85	05/24/85	
11.6		PUBLIC COMMENT	JR	05/24/85	08/16/85	
	11.6.1	Distribute public notice and solicit written comments from the public	JR	05/24/85	07/12/85	
	11.6.2	Hold public hearing	JR	07/12/85	07/12/85	
	11.6.3	Task force members review public comment and prepare response for inclusion in Final Statement of Reasons	JR	07/12/85	08/16/85	
11.7		PREPARATION OF FINAL PAKCAGE	JR	08/16/85	10/11/85	
	11.7.1	Preparation of final draft of proposed regulations and Final Statement of Reasons by task force members and Regulations Unit	JR	08/16/85	09/20/85	
	11.7.2	Preparation of rulemaking file by Regulations Unit	JR	09/20/85	10/04/85	
	11.7.3	Submit regulations and rulemaking file to Chapter 1326 project manager and Director's Office for review and approval	JR	10/04/85	10/11/85	
11.8		SUBMISSION OF FINAL PACKAGE TO DIRECTOR FOR REVIEW, CONSIDERATION AND ADOPTION	JR	10/11/85	10/18/85	
11.9		FILE FINAL PACKAGE WITH OAL	JR	10/11/85	12/27/85	
	11.9.1	30 day review by OAL	OL	10/18/85	11/22/85	
	11.9.1	If approval, OAL files with Secretary of State and regulations become effective 30 days thereafter	OL	11/22/85	12/27/85	

COMPONENT 12
3rd Revision
1326 TASK FORCE
March 29, 1985

Component	Task	Description	Staff	Begin Date	End Date	Status
12.0		CLEAN UP LEGISLATION	JR	09/21/84	09/30/85	
12.1		DRAFT LANGUAGE & OBTAIN NECESSARY APPROVALS	JR	09/21/84	12/31/84	C-12/01/84
	12.1.0	Determine need for "clean-up" legislation by analyzing SB 181, and meeting and conferring with Project Manager and implementation task force	JR	09/21/84	10/05/84	C-10/05/84
	12.1.1	Draft language	JR	09/28/84	10/05/84	C-10/05/84
	12.1.2	Submit to Project Manager and Directors Office for approval.	JR	09/28/84	10/05/84	C-10/05/84
	12.1.3	Submit to Health and Welfare Agency in "proposed legislation" format	JR	10/05/84	10/26/84	C-10/26/84
	12.1.4	Obtain Governor's Office approval	JR	10/26/84	12/31/84	C-12/01/84
12.2		IDENTIFY AUTHOR/BILL	JR	01/07/85	04/30/85	
	12.2.0	Meet with proposed author and explain bill proposal.	JR	01/07/85	02/28/85	C-02/01/85
	12.2.1	Secure author's commitments. Submit draft of bill to the Legislative Counsel. Secure bill number and introduce bill.	JR	02/02/85	04/30/85	
12.3		SECURE PASSAGE OF BILL	JR	01/04/85	09/30/85	
	12.3.0	Obtain support of special interest groups (CHA, etc.)	JR	01/04/85	08/30/85	
	12.3.1	Lobby bill through committees and the floor.	JR	01/04/85	08/30/85	
	12.3.2	Secure passage and obtain Governor's signature	JR	08/01/85	09/30/85	

COMPONENT 13
3rd Revision
1326 TASK FORCE
Marcn 29, 1985

Component	Task	Description	Staff	Begin Date	End Date	Status
13.0		MANAGEMENT OF THE MASTER WORK PLAN	RM	11/01/84	06/30/86	
13.1		ORGANIZE PROJECTS	RM	11/01/84	12/15/84	C-02/28/85
	13.1.1	Appoint staff	EM	11/01/84	11/15/84	C-11/15/84
	13.1.2	Establish file system	GP	11/01/84	12/15/84	C-12/15/84
	13.1.3	Establish progress reporting formats	GP	11/01/84	12/15/84	C-02/28/85
	13.1.4	Establish report control	GP	11/01/84	12/15/84	C-02/28/85
	13.1.5	Establish critical document logs	GP	11/01/84	12/15/84	C-02/28/85
13.2		COORDINATE PROJECT RESOURCES	RM	11/01/84	06/30/86	
	13.2.1	Arrange for the assignment of staff	RM	11/01/84	06/30/86	
	13.2.2	Coordinate other resource needs	RM	11/01/84	06/30/86	
13.3		MAINTAIN THE WORKPLAN	RM	11/01/84	06/30/86	
	13.3.1	Coordinate changes	GP	11/01/84	06/30/86	
	13.3.2	Distribute plan and plan updates	GP	11/01/84	06/30/86	
13.4		COORDINATE COMPONENT MANAGEMENT	RM	11/01/84	06/30/86	
	13.4.1	Keep current on the progress of all componenets	RM	11/01/84	06/30/86	
	13.4.2	Enforce time requirements of plan	RM	11/01/84	06/30/86	
	13.4.3	Brief Director on component progress (bi-weekly)	RM	11/01/84	06/30/86	
13.5		REVIEW PROJECT OUTPUTS FOR VALIDITY AND COMPLETENESS	RM	11/01/84	06/30/86	
	13.5.1	Review issue papers	RM	11/01/84	06/30/86	
	13.5.2	Review component work products	RM	11/01/84	06/30/86	
	13.5.3	Review recomendations	RM	11/01/84	06/30/86	

COMPONENT 14
3rd Revision
1326 TASK FORCE
March 29, 1985

Component	Task	Description	Staff	Begin Date	End Date	Status
14.0		TECHNICAL LIAISON	LL	11/01/84	07/20/85	
14.1		TECHNICAL ASSISTANCE	LL	11/01/84	07/20/85	
	14.1.1	Analyze Legislation to establish parameters of public liaison functions	LL	11/01/84	11/04/84	C-01/14/85
	14.1.2	Develop proposal on scope of public liaison function	LL	11/04/84	11/10/84	C-01/21/85
	14.1.3	Analyze the alternative physical and organizational configurations to determine the feasibility of unifying all data output into one unit	LL	11/21/84	01/21/85	C-01/21/85
	14.1.4	Develop a proposal for staffing and operating the public liaison function	LL	01/22/84	03/06/85	C-03/06/85
	14.1.5	Review/approve proposal	LL	03/06/85	03/10/85	C-03/22/85
	14.1.6	Integrate decision into long range organization and budget development.	RM	03/10/85	04/30/85	
	14.1.7	Assign a manager the responsibility of developing liaison mission/duty statement and operating procedures preparatory to establishment and staffing the public liaison functon	EM	07/08/85	07/20/85	
14.2		HSA CONTRACTS	LL	01/22/85	04/15/85	
	14.2.1	Analyze data to be provided to HSAs	LL	01/22/85	02/01/85	C-02/04/85
	14.2.2	Determine types of technical liaison HSA might provide	LL	02/01/85	02/15/85	C-02/11/85
	14.2.3	Develop proposed planning contract language for any potential HSA Role in provision of technical liaison	LL	03/30/85	04/04/85	C-02/22/85
	14.2.4	Begin processing contract	LL	04/07/85	04/07/85	C-03/22/85

COMPONENT 14
3rd Revision
1326 TASK FORCE
March 29, 1985

Component	Task	Description	Staff	Begin Date	End Date	Status
	14.2.5	Instruct HSAs on specific contract expectations	LL	04/07/85	04/14/85	
	14.2.6	Assign follow-on activity	LL	04/15/85	04/15/85	

COMPONENT 15
3rd Revision
1326 TASK FORCE
March 29, 1985

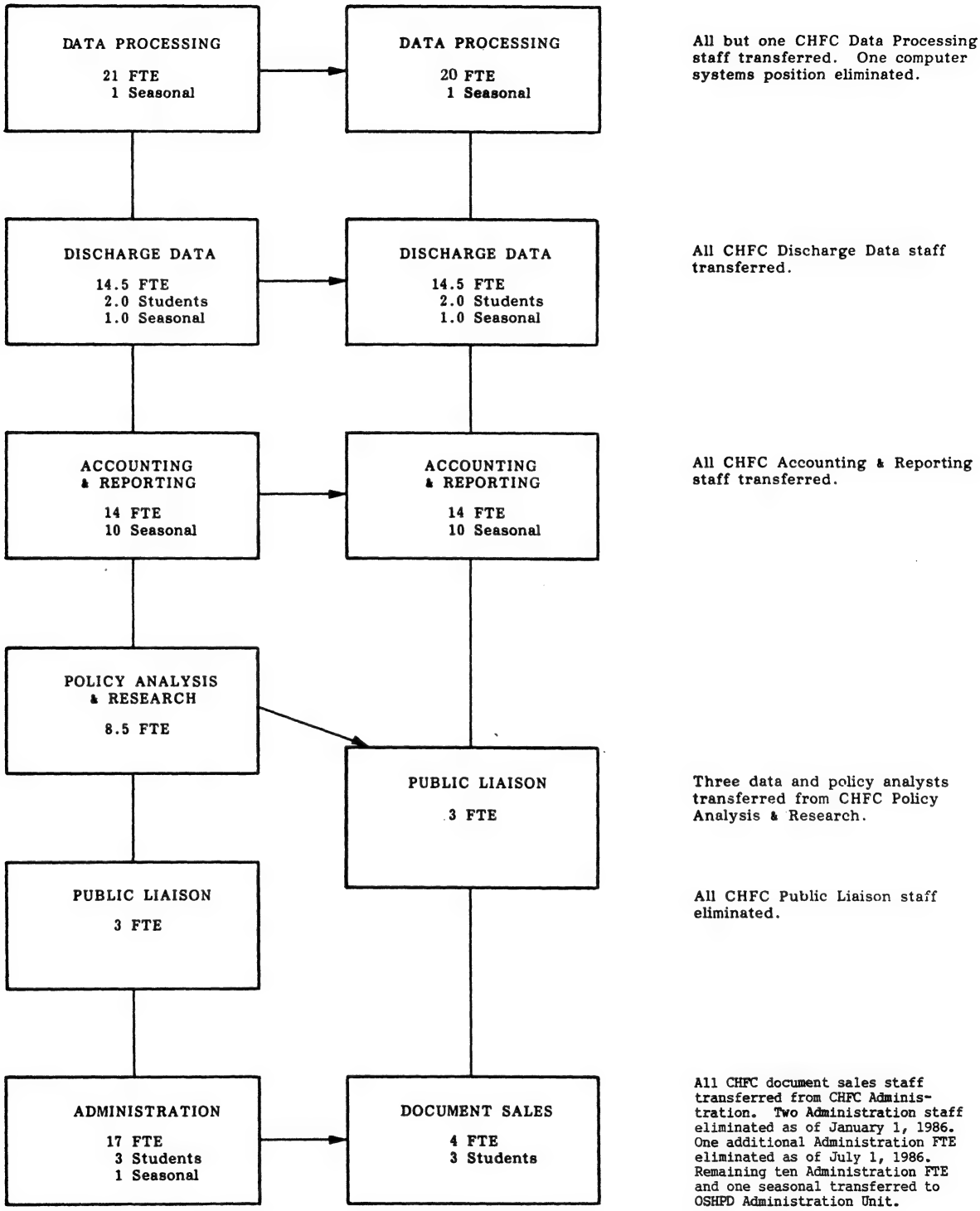
Component	Task	Description	Staff	Begin Date	End Date	Status
15.0		EXTERNAL COMMUNICATIONS	DH	10/01/84	06/30/86	
15.1		ESTABLISH MAILING LISTS		10/01/84	11/09/84	C-11/07/84
	15.1.1	Principal boards, organizations, legislature	DH	10/15/84	10/22/84	C-10/19/84
	15.1.2	Media	DH	10/15/84	10/22/84	C-10/19/84
	15.2.3	Individuals, employees, Commissioners (CHFC, AHC)	DH	10/15/84	11/09/84	C-11/07/84
15.2		ISSUE MEDIA/RELEASES ON SPECIAL EVENTS	DH	10/22/84	06/30/86	
	15.2.1	Governor appoints Commission	DH	01/01/85	04/30/85	
	15.2.2	Governor appoints Commission Chair	DH	01/01/85	04/30/85	
	15.2.3	Commission meetings - before and after	DH	04/15/85	06/30/86	
	15.2.4	Regulation hearing(s)	DH		As Scheduled	
	15.2.5	Total system in place	DH	10/01/84	01/01/86	
	15.2.6	Appointment of Commission Executive Secretary	DH	04/15/85	09/30/85	
15.3		ESTABLISH COMMUNICATION WITH LEGISLATURE	DH	10/15/84	06/30/86	
	15.3.1	Status report to Senator Campbell	DH	10/18/84	11/01/84	C-01/24/85
	15.3.2	Status report to Health Committees	DH	10/25/84	11/01/84	C-02/20/85
	15.3.3	Assembly Health Committee Hearing preparation	DH	10/15/84	10/24/84	C-10/24/84
	15.3.4	January 1, 1985 Report re consolidated form - include background/progress information	DH	11/01/84	01/01/85	C-01/15/85
	15.3.5	April 1, 1985 Report re revised disclosure report - include background/progress information	DH	11/01/84	04/01/85	
15.4		ESTABLISH COMMUNICATIONS WITH ORGANIZATIONS/BOARDS	DH	10/22/84	06/30/86	
	15.4.1	Develop presentation re background, new commission	DH	10/01/84	10/26/84	C-10/10/84
	15.4.2	Approval of presentation	DH	10/29/84	10/29/84	C-10/16/84
	15.4.3	Develop audio-visuals	DH	10/30/84	11/15/84	C-10/30/84
	15.4.4	Offer presentation to key groups	DH	11/15/84	06/30/86	C-01/11/85

COMPONENT 15
3rd Revision
1326 TASK FORCE
March 29, 1985

Component	Task	Description	Staff	Begin Date	End Date	Status
	15.4.5	Evaluate/revise presentation	LM	10/29/84	06/30/86	C-02/15/85
	15.4.6	Update presentation/visuals	DH	03/01/85	06/30/86	C-02/27/85
15.5		UTILIZE PUBLICATIONS	DH	10/22/84	06/30/86	on-going
	15.5.1	Articles in key periodicals re consolidation, increased efficiency, cost-effectiveness, decreased regulations, role of new Commission	EM	06/15/85	10/15/85	on-going
	15.5.2	Periodic bulletin to involved groups and staff of affected organizations	DH	10/22/84	06/30/86	on-going
	15.5.3	Develop computerized list (See 15.1)	DH	10/22/84	10/26/84	C-02/22/85
15.6		ESTABLISH COMMUNICATIONS WITH SPECIAL GROUPS	DH	10/01/84	06/30/86	on-going
	15.6.1	Health and Welfare Agency	LM	10/01/84	06/30/86	on-going
	15.6.2	CHFC and OSHPD staff	RM	11/01/84	06/30/86	on-going

APPENDIX C

PROPOSED TRANSFER OF CHFC STAFF
TO OSHPD HEALTH DATA UNIT
-May 6, 1985-



Source: Derived from California Health Facilities Commission (CHFC) organizational chart; proposed organizational plan for the Office of Statewide Health Planning and Development (OSHPD); and the Governor's Budget Recommendations for FY 1986.

Overview of Appendix D and Appendix E

Appendix D summarizes the answers of the 38 respondents to the most critical questions included in the CHFC User Need Survey (Appendix E).

For purposes of analyzing respondents' answers to the survey, respondents were grouped into four categories: planner, provider, purchaser, and other data users. The decision to place a respondent in a given category was based upon the primary purpose for which he/she used CHFC data.

Several respondents could not correctly be placed in only one category. For example, HSAs use the data both for planning purposes and to provide consulting advice to purchasers of health care. The survey answers given by HSAs were therefore included in the column tabulation for both planners and purchasers. However, each of the 38 respondents was counted only once in computing the last ("Total") column of Appendix D.

1. Planners includes four HSAs and one county health department.

2. Providers includes any individual involved in providing a direct health service either through his/her affiliation with a facility or an association representing facilities or as a consultant to facilities.

3. Purchasers included individual consumers and representatives of employer or employee groups, insurance companies, prepaid health plans, and government agencies which purchase health care for specific populations.

4. Other includes researchers, educators, an accountant, and a representative of a Professional Review Organization.

APPENDIX D

RESULTS OF SELECTED QUESTIONS FROM USER INTERVIEWS

PERCENT OF SURVEY RESPONDANTS
RESPONDING YES
BY TYPE OF USER (1)

Question	Question Number	Planner	Provider	Purchaser	Other	Total
Do you personally use CHFC data?	2.A.	100%	100%	100%	100%	100%
Do you plan to use the data more in the next year?	2.C.1.	100%	75%	95%	86%	82%
Do you ever use (or intend to use) CHFC data:						
To compare a facility to others for marketing purposes	4.1.	60%	69%	16%	29%	37%
For management purposes	4.2.	40%	38%	16%	14%	26%
For negotiations/contracting	4.3.	80%	56%	84%	14%	63%
To guide patients to particular facilities	4.4.	60%	25%	53%	0%	34%
For public policy analysis	4.5.	80%	44%	53%	86%	53%
For public education	4.6.	80%	38%	63%	71%	53%
For marketing goods/services for use by health facilities	4.7.	0%	19%	0%	0%	8%
To compare and calculate rates	4.8.	80%	63%	74%	71%	63%
For health planning purposes	4.9.	100%	44%	42%	86%	50%
Have ability to process info. from a computer tape	5.B.	40%	63%	37%	86%	53%
Have/will have ability to process from tape	5.B.	60%	69%	53%	86%	61%
Have ability to process info. from diskette	5.C.	100%	94%	53%	100%	74%
Have/will have ability to process from diskette	5.C.	100%	94%	58%	100%	76%
If data were not available on paper would this limit access?	5.D.	40%	50%	68%	43%	53%

APPENDIX D

RESULTS OF SELECTED QUESTIONS FROM USER INTERVIEWS
(continued)

PERCENT OF SURVEY RESPONDANTS
RESPONDING YES
BY TYPE OF USER (1)

Question	Question Number	Planner	Provider	Purchaser	Other	Total
Do/will you provide data to others?	8.C.	100%	44%	74%	86%	66%
Do you need assistance in identifying your data needs?	11.	100%	25%	58%	57%	47%
Do you need assistance in clarifying the content of the data?	12.	80%	56%	68%	71%	61%
Have you asked (will you ask) for special reports/runs?	13.A.	80%	25%	58%	14%	42%
If data cost more, would you use it?	16.A.	40%	100%	68%	86%	84%
How much more are you willing to pay? (2)	16.A.					
33%		50%	6%			
50%			31%			
75%			13%	8%	17%	
100%			6%	46%	17%	
200%				8%		
If turnaround time were longer, would you use the data?	16.B.	80%	88%	63%	57%	71%
Are there alternative data sources available to you?	16.C.	40%	63%	21%	29%	39%

APPENDIX D

RESULTS OF SELECTED QUESTIONS FROM USER INTERVIEWS
(continued)

PERCENT OF SURVEY RESPONDANTS
RESPONDING YES
BY TYPE OF USER (1)

Question	Question Number	Planner	Provider	Purchaser	Other	Total
Which of the following hospital discharge data sets have you used (or will you use in the next year)? And, which are important to you?						
Hospital Discharge Data						
Copy of Tape (Used)	17.A.	20%	19%	26%	43%	24%
Copy of Tape (Impt.)	17.A.	20%	19%	16%	43%	21%
Individual Summaries (Used)	17.B.	80%	56%	58%	57%	53%
Individual Summaries (Impt.)	17.B.	80%	44%	63%	57%	53%
Individual Side-by-Side (Used)	17.C.	80%	44%	58%	43%	45%
Individual Side-by-Side (Impt.)	17.C.	80%	31%	58%	29%	42%
Zip Code Reports (Used)	17.E.	60%	31%	47%	29%	34%
Zip Code Reports (Impt.)	17.E.	80%	25%	42%	14%	32%
Edit Criteria Handbook (Used)	17.F.	20%	13%	26%	29%	18%
Edit Criteria Handbook (Impt.)	17.F.	20%	13%	21%	29%	16%
Edit Program (Used)	17.G.	0%	6%	5%	29%	8%
Edit Program (Impt.)	17.G.	0%	6%	0%	29%	5%
IHDDS User Guide (Used)	17.H.	60%	19%	37%	43%	32%
IHDDS User Guide (Impt.)	17.H.	40%	19%	16%	43%	21%
Which of the following quarterly hospital disclosure reports have you used or will you use in the next year? And, which are important to you?						
Individual Facility (Used)	18.A.	20%	0%	26%	29%	18%
Individual Facility (Impt.)	18.A.	20%	6%	26%	14%	16%

APPENDIX D

RESULTS OF SELECTED QUESTIONS FROM USER INTERVIEWS (continued)

PERCENT OF SURVEY RESPONDANTS RESPONDING YES BY TYPE OF USER (1)

Question	Question Number	Planner	Provider	Purchaser	Other	Total
Facsimile (Used)	18.B.	40%	31%	37%	43%	37%
Facsimile (Impt.)	18.B.	40%	44%	37%	43%	34%
Summary (Used)	18.C.	60%	31%	53%	57%	45%
Summary (Impt.)	18.C.	60%	44%	47%	43%	42%
Individual Side-by-Side (Used)	18.D.	80%	25%	53%	86%	45%
Individual Side-by-Side (Impt.)	18.D.	80%	38%	53%	57%	42%
Aggregate (Used)	18.E.	40%	13%	58%	14%	34%
Aggregate (Impt.)	18.E.	60%	19%	32%	29%	26%
Master Tape (Used)	18.F.	0%	13%	32%	14%	13%
Master Tape (Impt.)	18.F.	0%	13%	11%	29%	13%
Which hospital annual financial reports have you used or will you use in the next year? And, which are important to you?						
Disclosure Reports (Used)	19.A.	20%	38%	53%	43%	42%
Disclosure Reports (Impt.)	19.A.	20%	31%	42%	43%	34%
Facsimile Reports (Used)	19.B.	40%	31%	32%	29%	29%
Facsimile Reports (Impt.)	19.B.	40%	31%	26%	29%	26%
CIHR (Used)	19.C.	80%	31%	47%	29%	37%
CIHR (Impt.)	19.C.	80%	31%	32%	43%	32%
Master Tape (Used)	19.D.	20%	19%	16%	29%	18%
Master Tape (Impt.)	19.D.	20%	19%	11%	43%	18%
Individual Data (Used)	19.E.	60%	56%	68%	43%	58%
Individual Data (Impt.)	19.E.	60%	50%	63%	43%	50%
Aggregate Data (Used)	19.F.	60%	19%	32%	29%	26%
Aggregate Data (Impt.)	19.F.	40%	13%	16%	14%	13%

APPENDIX D

RESULTS OF SELECTED QUESTIONS FROM USER INTERVIEWS
(continued)

PERCENT OF SURVEY RESPONDANTS
RESPONDING YES
BY TYPE OF USER (1)

Question	Question Number	Planner	Provider	Purchaser	Other	Total
Which long-term care facility reports have you used or will you use in the next year? And, which are important to you?						
Disclosure Reports (Used)	20.A.	20%	25%	26%	14%	24%
Disclosure Reports (Impt.)	20.A.	20%	19%	21%	14%	18%
Facsimile Reports (Used)	20.B.	40%	25%	26%	14%	24%
Facsimile Reports (Impt.)	20.B.	40%	25%	21%	14%	21%
CIHR (Used)	20.C.	60%	19%	32%	14%	24%
CIHR (Impt.)	20.C.	60%	19%	26%	14%	21%
Master Tape (Used)	20.D.	20%	13%	26%	29%	11%
Master Tape (Impt.)	20.D.	20%	6%	11%	29%	11%
Ind. Financial Data (Used)	20.E.	40%	25%	32%	14%	26%
Ind. Financial Data (Impt.)	20.E.	40%	25%	26%	14%	24%
Agg. Financial Data (Used)	20.F.	60%	19%	42%	14%	29%
Agg. Financial Data (Impt.)	20.F.	40%	6%	32%	0%	18%
Which of the following publications/reports have you used or will you use in the next year? And, are they important to you?						
Publications						
Annual Report (Used)	21.A.	40%	38%	37%	29%	34%
Annual Report (Impt.)	21.A.	20%	13%	11%	29%	11%
Economic Criteria (Used)	21.B.	100%	38%	58%	57%	50%
Economic Criteria (Impt.)	21.B.	80%	13%	37%	57%	29%
Pros. Reim. for Hosp. (Used)	21.C.	60%	25%	63%	43%	42%
Pros. Reim. for Hosp. (Impt.)	21.C.	60%	13%	26%	29%	18%
Consumer Guide (Used.)	21.D.	80%	38%	47%	71%	47%

APPENDIX D

RESULTS OF SELECTED QUESTIONS FROM USER INTERVIEWS
(continued)

Question	Question Number	PERCENT OF SURVEY RESPONDANTS RESPONDING YES BY TYPE OF USER (1) Planner	Provider	Purchaser	Other	Total
Symposia Proceedings (Used)	21.E.	40%	6%	21%	14%	13%
Symposia Proceedings (Impt.)	21.E.	20%	6%	5%	14%	5%
Research Reports						
Kaiser/Non-Kaiser Costs and Utilization (Used)	21.F.	40%	38%	47%	43%	39%
Kaiser/Non-Kaiser Costs and Utilization (Impt.)	21.F.	40%	31%	26%	43%	29%
CWHIPI (Used)	21.G.	40%	19%	21%	29%	18%
CWHIPI (Impt.)	21.G.	20%	19%	5%	29%	11%
CWHIPI Values, etc. (Used)	21.H.	40%	25%	32%	29%	24%
CWHIPI Values, etc. (Impt.)	21.H.	20%	25%	16%	43%	18%
Hosp. Peer Grouping for Eff. Comparisons (Used)	21.I.	60%	19%	53%	43%	37%
Hosp. Peer Grouping for Eff. Comparisons (Impt.)	21.I.	60%	19%	26%	43%	24%
Hosp. Peer Grouping for Reimbursement (Used)	21.J.	60%	6%	42%	29%	24%
Hosp. Peer Grouping for Reimbursement (Impt.)	21.J.	60%	6%	21%	29%	16%
Charges, Costs, and Revenue a Comp. of Hosps. (Used)	21.K.	40%	50%	63%	29%	50%
Charges, Costs, and Revenue a Comp. of Hosps. (Impt)	21.K.	60%	31%	47%	43%	37%

APPENDIX D

RESULTS OF SELECTED QUESTIONS FROM USER INTERVIEWS (continued)

PERCENT OF SURVEY RESPONDANTS RESPONDING YES BY TYPE OF USER (1)

Question	Question Number	Planner	Provider	Purchaser	Other	Total
Special Reports						
A Demonstration of the Ann. Hosp. Report (Used)	21.L.	0%	6%	5%	29%	5%
A Demonstration of the Ann. Hosp. Report (Impt.)	21.L.	0%	6%	5%	14%	5%
Variation in Costs of Hosp. Admin. (Used)	21.M.	0%	6%	16%	14%	11%
Variation in Costs of Hosp. Admin. (Impt.)	21.M.	0%	6%	11%	14%	8%
Have you been concerned about the unaudited nature of the data?	22.B.	40%	31%	58%	57%	47%

(1) There were a total of 38 respondants to the User Survey. Some of these respondants fell within more than one general category; i.e., some of the respondants used the data as both planners and purchasers. There were a total of 5 Planners, 16 Purchasers, 19 Providers. Seven of the respondants fell within the Other category. The responses for the Total column are based on the 38 unduplicated surveys.

(2) If a respondant answered yes to question 16.A. He/she was queried as to how much more he/she would be willing to pay. These percentages indicate the percent of those who answered yes who would be willing to pay 'x' more for the data. Not all respondants indicated how much more they would pay.

Interviewer _____

Date _____

CHFC USER NEED SURVEY

In-depth Interview Protocol

AS YOU KNOW, WE ARE CONDUCTING A STUDY FOR THE AUDITOR GENERAL'S OFFICE ON USERS' NEEDS FOR CHFC DATA. THIS INFORMATION WILL HELP THE LEGISLATURE EVALUATE THE EFFECTS OF TRANSFERRING THE RESPONSIBILITY FOR COLLECTING AND PREPARING HOSPITAL COST DATA FROM CHFC TO OSHPD.

THE PURPOSE OF THIS SURVEY IS TO IDENTIFY WHAT YOUR DATA NEEDS HAVE BEEN AND THE EXTENT TO WHICH CHFC DATA HAS BEEN IMPORTANT TO YOUR ORGANIZATION.

YOUR RESPONSES TO OUR QUESTIONS WILL BE STRICTLY CONFIDENTIAL, AND NO INDIVIDUAL NAME OR ORGANIZATION WILL APPEAR IN ANY REPORT. IF YOU DON'T UNDERSTAND A QUESTION OR FEEL THAT WE HAVE MISSED AN IMPORTANT ASPECT OF YOUR NEEDS FOR DATA AND DATA SERVICES, PLEASE FEEL FREE TO CALL THIS TO OUR ATTENTION.

1. Respondent Name _____

   A. Title _____

   B. Organization _____

   C. Organization Type:

      1. ____ Individual consumer

      2. ____ Health facility association

      3. ____ Health facility

      4. ____ Health planning agency

      5. ____ School or library

6. ____ Consultant to health facility (includes accounting firms)

7. ____ Corporate purchaser of health care (includes insurance firms)

8. ____ Consultant to purchasers of health care (includes business coalition)

9. ____ Other market research analysts PRODUCT: _____

10. ____ Government agency SPECIFY: _____

11. ____ Other SPECIFY: _____

2. A. Do you personally use CHFC data? 1.____ Yes 2.____ No

B. Does someone on your staff use CHFC data? 1.____ Yes 2.____ No

Name and Title _____

_____

_____

C. 1. Do you plan to use the data more in the next year? a. ___ Yes b. ___ No

2. Is there any reason why you haven't used the data more in the past? Explain.

_____

_____

_____

D. How frequently do you or your staff use this data (or plan to use this data in the next year)?

1. ____ Less than annually

2. ____ Annually

3. ____ Less than quarterly

4. ____ Quarterly

5. ____ Ongoing

6. ____ Other SPECIFY: _____

3. In general, what types of CHFC data does your organization use (or does it intend to use in the next year)?

   a. ____ Facility-descriptive data (scope of services available, beds, etc.)

   b. ____ Utilization data (occupancy, length of stay, etc.)

   c. ____ Financial (cost by cost center, facility, revenue, charges, etc.)

   d. ____ Diagnostic data

   e. ____ Patient origin data

   f. ____ Comparison of payors

   g. ____ Discharge data

   h. ____ Other SPECIFY: _____

4. A. What do you (or will you) use this data for? _____

   _____

   B. Do you ever use (or do you intend to use) CHFC data:

   1. ____ To compare your facility (or a facility) to other facilities for marketing purposes?

   2. ____ To compare your facility (or a facility) to other facilities for management purposes?

   3. ____ For negotiations and contracting?

   4. ____ To guide patients to particular facilities?

   5. ____ For public policy analysis?

   6. ____ For public education and awareness?

   7. ____ For marketing goods or services for use by health facilities?

   8. ____ To compare and calculate rates?

   9. ____ For health planning purposes?

   10. Other _____

   _____

5. A. How does your organization obtain CHFC data? Through:

   1. ____ Computer tape

   2. ____ Xerox of submitted report

   3. ____ CHFC reports

   4. ____ Diskette

   5. ____ Telephone contacts

   6. ____ Personal contacts at CHFC

   7. ____ Other SPECIFY: _____

   B. What capacity does your organization have to process information from a computer tape?

   1. ____ Some Type of tape _____

   2. ____ None

   C. What capacity does your organization have to process information from a diskette?

   1. ____ Some Type of microcomputer_____

   2. ____ None

   D. If the data were not available on paper, would this significantly limit your access to that data?

   1. ____ Yes

   2. ____ No

   E. In what way would this limit your access? SPECIFY: _____

   _____

6. At what level of detail do you use (or will you use in the next year) the data?

   A. ____ Hospital or LTC facility (individual)

   B. ____ Hospital or LTC facility (side-by-side comparisons)

   C. ____ Hospital or LTC facility (aggregate)

D. ____ HFPA

E. ____ County

F. ____ HSA

G. ____ State

H. ____ Other SPECIFY: _____

(If respondent answered only F, G, or H in Question 6, skip Question 7.)

7. How would it affect your current (or planned) use of the data if the data were no longer available on the:

	No effect	Effect
A. Individual health facility level	___	___
B. Side-by-side comparisons	___	___
C. HFPA level	___	___

D. Please specify any effect:

_____

_____

_____

8. A. Do you perform (or do you in the next year plan to perform) further manipulations on the data—for instance, dividing some data elements by other data elements or aggregating to different levels?

1. ____ Yes

2. ____ No

B. How do you (or would you) manipulate the data?

_____

_____

_____

C. Do you (or will you in the next year) provide this data to other users?

1. ____ Yes To whom? _____

2. ____ No

CHFC provides, in addition to data, a number of research and special publications to "interpret" the data they have collected. Some of these reports include "Consumer Guide to Health Care Costs," "Economic Criteria for Health Planning Report," and "Hospital Peer Grouping for Reimbursement."

9. Do you need to have an interpretation of the data similar to that provided in these reports?

1. ____ Raw data is sufficient.

2. ____ We use an interpretation of the data.

10. A. Would you miss these reports if they were no longer available?

1. a. ____ Yes

b. If these reports were no longer available, how would this affect your organization?

_____

_____

_____

2. c. ____ No

11. Has your organization needed (or will your organization need) assistance to help you identify those data items in the CHFC data base that best fit your needs?

1. ____ Yes SPECIFY type of assistance: _____

2. ____ No

12. After receiving the data, does your organization (or will your organization) need assistance in clarifying the content of the data?

    1. ____ Yes SPECIFY type of assistance: _____

    2. ____ No

13. A. Have you asked (or would you in the next year ask) CHFC to create special reports or special computer runs for you?

    1. ____ Yes

    2. ____ No

    B. If yes, how frequently have you requested special reports or computer runs?

    1. ____ Less than once a year
    2. ____ Once a year
    3. ____ Twice a year
    4. ____ Three times a year
    5. ____ More than three times a year

    C. If yes, what was (or would be) requested, and how was it (or would it be) used?

    _____

    _____

    _____

14. Have you ever requested (or do you plan to request in the next year) mailing labels or a computer listing of hospital or long-term care facilities?

    A. Mailing labels

    1. ____ Yes SPECIFY how used: _____

    2. ____ No

    B. Computer listing

    1. ____ Yes SPECIFY how used: _____

    2. ____ No

C. If (mailing labels and/or computer listing) were no longer available, what would their absence mean to you and your organization?

15. Turnaround Time and Timeliness of Data

A. What kind of turnaround time do you usually get once you request data?

1. ____ One day
2. ____ One week
3. ____ Two weeks
4. ____ One month
5. ____ Other _____

B. Do you consider the turnaround time to be adequate?

1. ____ Yes
2. ____ No

C. If not, what kind of turnaround time do you usually need once you request data?

1. ____ One day
2. ____ One week
3. ____ Two weeks
4. ____ One month
5. ____ Other _____

D. How useful is the data if it is not available to you on a timely basis? (For example, we understand that the discharge data is not available until 16-18 months after discharge.) _____

_____

16. A. If there were an additional cost for the data, would your organization use it? (10% more? 25%? 50%? 75%?)

1. ____ Yes
2. ____ No

B. If there were a longer turnaround time, would your organization use the data?

1. ____ Yes

2. ____ No

C. Are there alternative data sources available to you?

1. ____ Yes SPECIFY: _____

2. ____ No

THE FOLLOWING QUESTIONS PERTAIN TO THE DIFFERENT TYPES OF CHFC DATA THAT ARE AVAILABLE. I WILL BE ASKING YOU WHICH ONES YOU USE AND HOW IMPORTANT THEY ARE TO YOUR ORGANIZATION.

17. Which of the following hospital discharge data sets have you used (or do you intend to use in the next year), and which ones are especially important to your data needs?

	Used	Important
A. Copy of tape submitted by hospital after CHFC initial edit.	___	___
B. Individual hospital discharge data summaries [individual hospital summary data]	___	___
Requested: annually ___ semi-annually ___ quarterly ___		
C. Individual hospital discharge data for California [hospital side-by-side comparisons]	___	___
D. Aggregate hospital discharge data for California [aggregations no smaller than HFPA]	___	___
E. Zip code report [patient origin by hospital data]	___	___
F. Edit criteria handbook [discharge data edit narratives]	___	___

G. Edit program [actual edit routine] ___ ___

H. IHDDS user guide [how to use discharge data] ___ ___

18. Which quarterly hospital disclosure reports have you used (or do you intend to use in the next year)? For which quarter(s)? And which ones are especially important to your data needs?

	1st	2nd	3rd	4th	Year(s)	Important
A. Quarterly individual facility reports [photocopy of original report as submitted]	___	___	___	___	_____	___
B. Facsimile individual hospital reports (QR) [computer-generated facsimile of report as submitted]	___	___	___	___	_____	___
C. Summary individual hospital reports (QRIS) [includes trend information]	___	___	___	___	_____	___
D. Individual hospital data (QRIH) [hospital side-by-side comparisons]	___	___	___	___	_____	___
E. Aggregate hospital data (QRAH)	___	___	___	___	_____	___
F. Master tape of all quarterly disclosure data from all hospitals	___	___	___	___	_____	___

1. ____ Tape
2. ____ Diskette

19. Which hospital annual financial reports have you used (or do you intend to use in the next year), and which ones are especially important to your data needs?

	Used	Important
A. Disclosure Reports (photocopy of actual individual hospital report, available when submitted)	___	___
B. Facsimile Reports (formerly Phase III reports) [individual hospital data after CHFC edits]	___	___
C. Commission Individual Hospital Reports (CIHR) (formerly Series A reports) [individual hospital data plus calculations]	___	___

D. Master Tape of Annual Disclosure Data For All Hospitals ____ ____

E. Individual Hospital Financial Data for California (formerly Hospital Data for Health Systems Agencies)[hospital side-by-side comparisons] ____ ____

F. Aggregate Hospital Financial Data for California (formerly Inventory of Financial and Statistical Information for California Hospitals) [aggregations no smaller than HCPAs] ____ ____

20. Which long-term care facility reports have you used (or do you intend to use in the next year), and which ones are especially important to your data needs?

	Used	Important
A. Disclosure Reports (photocopy of actual individual long-term care report, available when submitted)	____	____
B. Facsimile Reports [individual LTC facility data after CHFC edits]	____	____
C. Commission Individual Long-Term Care Reports (CIFR) (individual LTC facility data plus calculations]	____	____
D. Master Tape of Annual Disclosure Data from All Long-Term Care Facilities	____	____
E. Individual Long-Term Care Financial Data for California [side-by-side comparisons]	____	____
F. Aggregate Long-Term Care Facility Financial Data for California (formerly Inventory of Financial and Statistical Information for California Long-Term Care Facilities) [aggregations no smaller than HSAs]	____	____

21. Which other publications, research reports, and special reports have you used (or do you intend to use in the next year), and which ones are especially important to your data needs?

Other Publications	Used	Important
A. Annual Report to the Governor and State Legislature	____	____
B. Economic Criteria for Health Planning Reports	____	____
C. Prospective Reimbursement Systems for Hospitals	____	____
D. Consumer Guide to Health Care Costs	____	____
E. Symposia Proceedings	____	____

Research Reports	Used	Important
F. Costs and Utilization of Kaiser and Non-Kaiser Hospitals	____	____
G. A California Weighted Hospital Input Price Index	____	____
H. California Weight Hospital Input Price Index Values, Estimates, and Forecast	____	____
I. Hospital Peer Grouping for Efficiency Comparisons	____	____
J. Hospital Peer Grouping for Reimbursement	____	____
K. Charges, Costs, and Revenue: A Comparison of California Hospitals	____	____

Special Reports	Used	Important
L. A Demonstration of the Annual Hospital Report	____	____
M. Variations in Costs of Hospital Administration	____	____

22. A. Were you satisfied with the quality of the CHFC data?

1. ____ Yes

2. ____ No Why not? _____

B. Have you been concerned about the unaudited nature of the data?

1. ____ Yes

2. ____ No

C. Please state any other of your concerns about or dissatisfaction with the data:

_____

_____

_____

23. A. Are you familiar with the plans for the new consolidated cost report?

1. ____ Yes

2. ____ No

B. If yes, do you think your data needs will be satisfied by this report?

1. ____ Yes

2. ____ No

24. Assuming there are limited resources, what is the most critical CHFC data needed by your organization? Specify data element, format, etc.

_____

_____

_____

25. Please recommend other organizations for us to interview.

_____

_____

_____

cc: Members of the Legislature
Office of the Governor
Office of the Lieutenant Governor
State Controller
Legislative Analyst
Assembly Office of Research
Senate Office of Research
Assembly Majority/Minority Consultants
Senate Majority/Minority Consultants
Capitol Press Corps